



# Checklist for Admission to Graduate Study

## William Carey University

Hattiesburg/Biloxi, Mississippi

### Application Deadlines for Admission:

Fall 2010.....Aug. 16    Summer 2011.....May 24  
Winter 2010-11 .....Nov. 1    Fall 2011 .....Aug. 15  
Spring 2011 .....Feb. 14

Please use this checklist as a reminder.

### Documents required for ALL programs:

- Application:** Complete the attached form and mail it with a non-refundable \$30.00 application fee.
- Official Transcripts:** Request that official transcripts of credits be sent directly to the Office of Graduate Admissions. Transcripts must be *mailed directly* from all schools attended. Hand delivered transcripts are not acceptable.
- Recommendations:** Recommendations must be completed by at least two persons familiar with the applicant's abilities, *but not family members*. The forms must be sent to the Office of Graduate Admissions. They may be either mailed to the address at the bottom or faxed to 601-318-6765.

### In addition to the above documents, the following are needed for each program below:

#### ■ Additional documents needed for the Master of Education and Master of Arts in Teaching degree programs.

##### M.Ed.

Seeking a master's degree or an add-on:

- Teacher's certificate

##### M.A.T.

Seeking alternate route:

- Praxis (with passing grade)
- Praxis II (with passing grades)
- Temporary License if available

#### ■ Additional documents needed for the Master of Music in Music Education degree program

- Teacher's Certificate (provide a copy)
- or  Praxis I (with passing grade)
- Praxis II (Music and PLT with passing grade)

#### ■ Additional documents needed for the Master of Business Administration degree program

- Official GMAT scores

#### ■ Additional documents needed for the Master of Arts in English degree program

- Official GRE scores
- Critical writing sample
- 3 letters of recommendation in narrative format

#### ■ Additional documents needed for the Master of Science in Counseling Psychology program

- GRE or
- Miller's Analogy Test (MAT)

#### ■ Additional documents needed for the Master of Science in Nursing program

- GRE
- Unencumbered Mississippi RN license
- Current resume
- Statement of professional goals

#### ■ Additional documents needed for the Post Master's Nursing Program

- Unencumbered Mississippi RN license
- Current resume
- Statement of professional goals

#### ■ Additional documents needed for the Master of Biomedical Science Program

- MCAT preferred; GRE accepted
- 3 letters of recommendation in narrative format (healthcare professionals and academic advisors)
- One-page personal statement

All documentation **must** be sent to:

Graduate Admissions Office  
William Carey University  
498 Tuscan Avenue, WCU #155  
Hattiesburg, MS 39401

For additional information  
please see our website at  
[www.wmcarey.edu](http://www.wmcarey.edu)

If any documentation is sent to other university addresses, it could delay the review of the application.



# William Carey University

## Application for Graduate Admission

Office of Graduate Admissions  
 WCU Box 155 • 498 Tuscan Avenue • Hattiesburg, MS 39401  
 (601) 318-6774

New Admission   
  Re-admission   
  Nondegree   
  \$30 App. Fee   
 Date: \_\_\_\_\_

**Please print using black ink.**

Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
**Name** Ms. \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ middle/maiden \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Present Address** \_\_\_\_\_ **Present Telephone** \_\_\_\_\_  
 \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ county/parish \_\_\_\_\_ zip code \_\_\_\_\_ **Business Telephone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Cellular Telephone** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_ **Place of Birth** \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_

**Sex:**  M  F   
**Marital Status:**  Single  Married  Divorced  Separated  Widowed   
**Veteran:**  Yes  No

**Ethnic Background:**  1. White  2. Black  3. Hispanic  4. Asian  5. American Indian  6. International \_\_\_\_\_

**Are you a U.S. citizen?**  Yes  No   
 If no, alien registration number \_\_\_\_\_

**Religious Preference:**  1. Southern Baptist  2. Other Baptist  3. Methodist  4. Presbyterian  5. Catholic  
 6. Lutheran  7. Other \_\_\_\_\_

If you are a Southern Baptist, please give the following information:

\_\_\_\_\_ Name of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**On which campus will you attend?**  Hattiesburg  Tradition (Biloxi)

**First classes will be taken:**  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring Trimester 20\_\_\_\_  Summer Trimester 20\_\_\_\_

**Check the appropriate concentration that you are seeking:**

<p style="text-align: center;"><b>Master of Education—M.Ed.</b></p> <p>Alternate Route (MAT) – Elementary ( )</p> <p>Alternate Route (MAT) – Secondary ( )</p> <p>Field _____</p> <p>Elementary Education ( )</p> <p>Secondary Education ( )</p> <p><b>Hattiesburg Only:</b></p> <p>Biology ( )</p> <p>English ( )</p> <p>Mathematics ( )</p> <p>Social Sciences ( )</p> <p>Gifted ( )</p> <p>Mild/Moderate Disabilities ( )</p> <p><b>Tradition Only:</b></p> <p>Art Education ( )</p>	<p style="text-align: center;"><b>Master of Science—M.S.</b></p> <p>Licensure/Certification only ( ) (also check area below)</p> <p>Counseling Psychology:</p> <p>Gerontology ( )</p> <p>Christian Counseling ( )</p> <p>Counseling (LPC) ( )</p> <p>Child/Adolescent Counseling ( )</p> <p>School Counseling ( )</p> <p>School Psychometrics ( )</p> <p><b>Tradition Only:</b></p> <p>Industrial/Organizational Psychology ( )</p>	<p style="text-align: center;"><b>Master of Business Administration—M.B.A.</b> ( )</p> <hr/> <p style="text-align: center;"><b>Master of Music in Music Education—M.M.</b> ( ) (Hattiesburg only)</p> <hr/> <p style="text-align: center;"><b>Master of Science in Nursing—M.S.N.</b> ( )</p> <p>Post Master's Program in Nursing ( )</p> <hr/> <p style="text-align: center;"><b>Master of Biomedical Science—M.B.S.</b> ( ) (Hattiesburg only)</p> <hr/> <p style="text-align: center;"><b>Master of Arts in English—M.A.</b> ( ) (Hattiesburg only)</p>
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## COLLEGES ATTENDED

Please list all colleges, including William Carey, in order of attendance. **An official transcript from each college attended is required.** Failure to list complete and accurate information at the time the application is submitted could result in the **cancellation** of your enrollment.

Name and Location of Institutions Attended (most recent first)	Dates of Attendance		Degree Granted	Name While In Attendance
	(From)	(To)		

Have you ever been suspended from a college or university?     No     Yes

If yes, give college/university, date and explanation. \_\_\_\_\_

Have you taken the National Teachers Examination or Praxis?     No     Yes

Are you licensed to teach in Mississippi?     No     Yes    **Endorsements** \_\_\_\_\_

Have you taken the TOEFL exam?     No     Yes, date of test \_\_\_\_\_    Score \_\_\_\_\_

Have you taken the GRE?     No     Yes, date of test \_\_\_\_\_    Verbal score \_\_\_\_\_    Quantitative Score \_\_\_\_\_

Have you taken the MAT?     No     Yes, date of test \_\_\_\_\_    Score \_\_\_\_\_

Have you taken the GMAT?     No     Yes, date of test \_\_\_\_\_    Score \_\_\_\_\_

Have you taken the MCAT?     No     Yes, date of test \_\_\_\_\_    Score: BS \_\_\_\_\_    PS \_\_\_\_\_    VR \_\_\_\_\_

What was your overall undergraduate grade point average?    \_\_\_\_\_

Do you propose to transfer graduate credit?     No     Yes ( Not applicable for the M.B.S. program)

If yes, check the current William Carey University graduate catalog and contact your advisor for approval for such work.

I understand that state licensure will be denied to persons who have been convicted of a felony.     No     Yes

List employment activities since graduating from high school:

Employer	Location	Type of Work	Date

One official transcript must be *mailed directly from each institution attended* before final action may be taken on this application.

I hereby affirm that to the best of my knowledge all information furnished on this form is correct and accurate.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the bylaws of the university, William Carey University does not discriminate against any person on the basis of race, color, national or ethnic origin, sex, age, gender, or disability in admissions or in the administration of its education policies, scholarships, loan programs, athletic and other school-administered rights, privileges, programs, and activities generally accorded or made available to students at the school.



# Confidential Report from Applicant's Reference

## Graduate Admissions William Carey University

Hattiesburg/Biloxi, Mississippi

Mr.  
Ms.  
Mrs. \_\_\_\_\_ is applying for admission to graduate study at  
(Student, please print your full name.)

William Carey University in the field of \_\_\_\_\_

Please fill out this form and return it to:

Graduate Office  
William Carey University  
498 Tuscan Avenue, WCU #155  
Hattiesburg, MS 39401 or fax to: (601) 318-6765 *(no cover sheet required)*

1. How long have you known this applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months
2. In what capacity have you known the applicant? (Can not be a family member.) \_\_\_\_\_
3. In your opinion, what is the applicant's success potential in graduate work?  
 Definitely master's level                       Probably master's level  
 Probably below master's level                       Do not feel qualified to judge
4. Do you feel that this applicant's dedication, ability, and sincerity of purpose will enable him/her to complete graduate work at this institution? If not, please explain. \_\_\_\_\_  
 \_\_\_\_\_
5. Is this applicant the kind of person you would employ in either a school or other capacity? \_\_\_\_\_  
 \_\_\_\_\_

<i>Please check the level you feel best describes the applicant</i>						
	Poor	Fair	Average	Good	Excellent	Cannot Judge
1. Academic ability						
2. Analytical thinker						
3. Research aptitude						
4. Originality and creativity						
5. Judgment and common sense						
6. Leadership ability						
7. Cooperativeness						
8. Moral attitudes and ideals						
9. Emotional stability						
10. Health						

Signature of respondent \_\_\_\_\_ Title or position \_\_\_\_\_

Typed or printed name \_\_\_\_\_ Phone number \_\_\_\_\_



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- How long have you known this applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months
- In what capacity have you known the applicant? (Can not be a family member.) \_\_\_\_\_
- In your opinion, what is the applicant's success potential in graduate work?  
 Definitely master's level                       Probably master's level  
 Probably below master's level                       Do not feel qualified to judge
- Do you feel that this applicant's dedication, ability, and sincerity of purpose will enable him/her to complete graduate work at this institution? If not, please explain. \_\_\_\_\_  
 \_\_\_\_\_
- Is this applicant the kind of person you would employ in either a school or other capacity? \_\_\_\_\_  
 \_\_\_\_\_

<i>Please check the level you feel best describes the applicant</i>						
	Poor	Fair	Average	Good	Excellent	Cannot Judge
1. Academic ability						
2. Analytical thinker						
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4. Originality and creativity						
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7. Cooperativeness						
8. Moral attitudes and ideals						
9. Emotional stability						
10. Health						

Signature of respondent \_\_\_\_\_ Title or position \_\_\_\_\_

Typed or printed name \_\_\_\_\_ Phone number \_\_\_\_\_



# William Carey University

HATTIESBURG • BILOXI

## TRANSCRIPT REQUEST FORM

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**NOTE:** This is to be sent to the school you previously attended

An official transcript is defined as one **mailed** from one institution to another. For courses currently in progress, a supplementary transcript(s) also is required upon the completion of those courses.

Date \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I hereby request that \_\_\_\_\_ copy(ies) of the transcript of:

\_\_\_\_\_

Last Name	First	Middle	Maiden
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**to be sent to:**

**William Carey University  
Office of Graduate Admissions  
WCU #155  
498 Tuscan Avenue  
Hattiesburg, MS 39401**

Name while in attendance: \_\_\_\_\_

Date of attendance: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Thank you for your immediate attention.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip