



Central Washington University

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OFFICE OF GRADUATE STUDIES AND RESEARCH

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For Accommodation E-mail: CDS@cwu.edu

\$50 non-refundable application fee made payable to CWU

APPLICATION FOR GRADUATE ADMISSION

1a. For formal admission to master's program: Fall Winter Spring Summer 20____ 1b. Program Code _____ (See reverse side for codes)

1c. Location: Ellensburg Lynnwood Moses Lake Pierce County Des Moines Wenatchee Yakima Kent

PERSONAL DATA

2. Name (first/middle/last) _____		3. Former Name: (if previous academic records are under another name) _____		4. Social Security Number: _____	
5a. Current Mailing Address (until): _____ Number/Street _____ City/State/Zip _____ County (if WA State address) _____			6a. Daytime Telephone: (include area code) ()		
5b. Permanent Mailing Address: Number/Street _____ City/State/Zip _____ County (if WA State address) _____			6b. Evening Telephone: (include area code) ()		
			6c. Cellular Telephone: (include area code) () E-mail: _____		
7a. Birth date: Birthplace: _____	7b. Washington Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	7c. Length of latest residence in Washington: From ____/____/____ to ____/____/____ Month Year Month Year		7d. State of Residency if not Washington Resident	8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
9a. Country of Citizenship if not U.S.A.		9b. If you are not a U.S. Citizen, do you hold a permanent resident visa/card (green card)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Are you a Veteran, or the spouse or dependent of a veteran who has become totally disabled, is missing in action or lost his or her life while engaged in active military or naval duty? <input type="checkbox"/> Yes <input type="checkbox"/> No					

RACIAL AND ETHNIC INFORMATION

<p>This information is being requested on a voluntary basis and will remain confidential.</p> <p>11. Ethnic Origin (required for state and federal statistics, not used in admission decision.)</p> <p>What race do you consider yourself? (Please check only one of the following.)</p> <p><input type="checkbox"/> American Indian (Print the name of your enrolled or principal tribe) _____</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian</p> <p><input type="checkbox"/> Other (Indicate one group, for example, Bangladeshi, Burmese, Cambodian, Fijian, Hmong, Indonesian, Laotian, Pakistani, Sri Lankan, Thai, Tongan, etc.): _____</p>	<p><i>continued</i></p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleut</p> <p><input type="checkbox"/> White (Caucasian)</p> <p>Are you of Spanish/Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, please check only one of the following.)</p> <p><input type="checkbox"/> Hispanic/Mexican American/Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Other Spanish/Hispanic (indicate one group, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.): _____</p>
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12. List all colleges/universities in order of attendance. Do not exclude or omit any colleges, regardless of how many credits you earned or the nature of the program in which you enrolled.

Institution	City/State/Zip	Mo./Yr.	Mo./Yr.	Degree(s)	Major/Minor
1. _____	_____	from _____	to _____	_____	_____
2. _____	_____	from _____	to _____	_____	_____
3. _____	_____	from _____	to _____	_____	_____
4. _____	_____	from _____	to _____	_____	_____
5. _____	_____	from _____	to _____	_____	_____
6. _____	_____	from _____	to _____	_____	_____

*Attach an extra sheet if you need more space

PROGRAM INFORMATION

<p>13a. Program and Specialization sought: Enter program code _____ (See list below for program codes) If your program is Experimental Psychology, Fine Arts, Family and Consumer Sciences, Health and Physical Education, Music or Theatre, please enter an option from the list below. _____</p>	<p>13b. Other types of graduate study sought: <input type="checkbox"/> School Counseling Certification <input type="checkbox"/> School Psychology Certification</p>
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PROGRAMS, CODES AND OPTIONS

<p><u>Master of Arts</u> English Literature (ENGLG) English TESOL (ENGTESOLG) History (HISTG) Individual Studies (INSTMAG) Theatre (THEAG) Options: Theatre Production (THPRG) Theatre Studies (THSTG)</p>	<p><u>Master of Education</u> Individual Studies (INSTMEDG) Instructional Leadership (INLEG) Higher Education (HIEDOG) Literacy (LITEG) Master Teacher (MATEG) School Psychology (SCPSG) School Administration (ADMIG) School Administration online (ADMIOG) Special Education (SPEDG)</p>	<p><u>Master of Science</u> Biology (BIOLG) Biology (BIOLG) Biomedical Sciences Specialization (BISCG) Chemistry (CHEMG) Computational Science (COSCG) Engineering Technology (ENTEG) Exercise Science (EXSCG) Experimental Psychology- general (PSYEXPG) Experimental Psychology (PSYEXPG) Applied Behavior Analysis Specialization (ABA) Family and Consumer Sciences (FACSG) Career and Technical Education (FACSCTEG) Family Studies (FASTG) Geological Sciences (GESCG) Health and Physical Education (HAPEG) Health and Physical Education (HAPEG) Athletic Administration Specialization (ATADG) Individual Studies (INSTMSG) Law and Justice (LAJG) Nutrition (NUTRG) Mental Health Counseling (PSYMEHEG) Primate Behavior (PRBEG) Resource Management (REMAG)</p>
<p><u>Master of Fine Arts</u> Art (ARTMFAG) Options: Ceramics Computer Art Jewelry and Metalsmithing Painting/Drawing Photography Sculpture</p>	<p><u>Master of Music</u> (MUSIG) Options: Composition Conducting Music Education Performance Performance/Pedagogy</p>	
<p><u>Master of Arts in Teaching</u> Mathematics (MATHMATG)</p>	<p><u>Master of Professional Accountancy</u> Accounting (PRACG)</p>	

GRADUATE ASSISTANTSHIP

Name (first/middle/last) _____		Student ID Number _____	
5a. Current Mailing Address (until): _____ Number/Street _____ City/State/Zip _____			
7b. Washington Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	7c. Length of latest residence in Washington: From _____/_____/_____ to _____/_____/_____ Month Year Month Year	7d. State of Residency if not Washington Resident	8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
9a. Country of Citizenship if not U.S.A.	9b. If you are not a U.S. Citizen, do you hold a permanent resident visa/card (green card)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14a. Please complete the following questions if you are interested in applying for an assistantship			
Department or area in which employment is desired: _____			
Indicate quarter/quarters for which you seek appointment (assistantships are one year appointments only): <input type="checkbox"/> Academic Year: (Fall 20__ through Spring 20__) and/or <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring 20__			
Indicate type/types of appointment sought: <input type="checkbox"/> Teaching Assistant (usually direct instruction) <input type="checkbox"/> Staff Assistant (usually not instructional) <input type="checkbox"/> Research Assistant (usually not funded under a grant)			

REFERENCES

14b. References (include supervisor, if employed and one or two college instructors):		
Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PROFESSIONAL EXPERIENCE

15. List professional experience (including all teaching experience):			
Employer	City/State/Zip	Dates	Position
1. _____	_____	from _____ to _____	_____
2. _____	_____	from _____ to _____	_____
3. _____	_____	from _____ to _____	_____
4. _____	_____	from _____ to _____	_____
5. _____	_____	from _____ to _____	_____

Graduate assistantships are offered only to students who will be admitted as master's degree students by the commencement of the employment period. All graduate assistantships require enrollment for a minimum of 10 credits. Full appointments require 200 hours of service per quarter and limit enrollment to 14 credits. No other employment, scholarship, financial aid or other remuneration is provided by the University without specific approval of the Dean of Graduates and Research in advance.

16a. Please include the following items with your application:

- \$50 nonrefundable application fee (The application cannot be processed without the fee.)
- A statement of educational and professional objectives (Please do not hand write, 500 words or less.) Include your name and program on your statement.
- Official transcripts from all colleges/universities attended (Must be in envelopes prepared and sealed by the issuing institution's registrar's office.)
- Three letters of recommendation (Confidential recommendations must be received in sealed envelopes, signed across the seal by the recommender.)

For Master of Education applicants (with the exception of School Counseling, School Psychology and Special Education) one reference must be from a school official certifying at least one year of successful teaching experience.

In addition to the Graduate School requirements, the Departments of Art, English and Music require applicants to provide additional materials as part of the admission process. These materials should be forwarded directly to the department. Contact the department for requirements.

Graduate Record Examination (GRE) and Graduate Management Admission Test (GMAT) scores (if required) should be forwarded directly to the Office of Graduate Studies by Educational Testing Services.

If GRE or GMAT scores are required by the program to which you are applying, please indicate the date you took the exam. _____

16b. Please list the names of your references for your Letters of Recommendation:

Name	City/State/Zip	Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CERTIFICATION STATEMENT

17. I certify that, to the best of my knowledge, all of the above statements are true and complete. I understand that the application fee is nonrefundable and that submitted records and letters of recommendation will not be returned, copied for me, or forwarded. I also understand that I may apply to only one program at a time. I agree to abide by the University policies as stated in the CWU catalog.

Signature of Applicant _____ Date _____

Central Washington University's policies and practices affirm and actively promote the rights of all individuals to equal opportunity in education and employment without regard to their race, color, religion, creed, national origin, sex, sexual orientation, age, marital status, disability, or status as disabled or Vietnam era veterans. Central Washington University complies with all applicable federal, state, and local laws, regulations and executive orders. Direct related inquiries to Staci Sleigh-Layman, HR/Equal Opportunity, Bouillon 205, Ellensburg, WA 98926-7425. Telephone 509-963-2205 or (for hearing impaired) E-mail: OEO@cwu.edu.