CATAWBA COLLEGE

Salisbury, North Carolina

APPLICATION FOR MASTER'S DEGREE IN ELEMENTARY EDUCATION

FOR OFFICE USE ONLY
GRE____NTE/Praxis Core_____ Area_____
References 1_____ 2_____ 3_____
Application Fee Paid _____
Transcript(s) _____
Accept._____ Conditional Accept. _____ Reject_____
N.C. License _____ Area _____

PLEASE TYPE OR PRINT

NAME_____
Last First Middle Maiden Social Security #

HOME ADDRESS _____
Street City State ZIP

SCHOOL NAME AND ADDRESS _____
Name Address City State ZIP

HOME PHONE (____)_____CELL PHONE (____)_____ SCHOOL PHONE (____)_____

PERMANENT E-MAIL _____ SCHOOL E-MAIL _____

EMERGENCY CONTACT_____
Last First Relationship Phone

Sex: F____ M _____

Are you Hispanic or Latino? Y____ N _____
Also, select one or more of the following racial categories to describe yourself:

Marital Status: S _____ M _____ D_____

American Indian or Alaska Native _____
Asian_____

Birth Date: _____/_____/_____

Black or African American _____
White _____

Religious Affiliation: _____

Native Hawaiian or Other Pacific Islander _____

Previously attended Catawba College: _____ No _____ Yes

Date Attended _____

EDUCATIONAL EXPERIENCE

Institution	Dates Attended	Degree

PROFESSIONAL EXPERIENCE

School	Address	Grade/Subject	Dates

REFERENCES

Name	Institution	Address
1.		
2.		
3.		

DESIRED ENTRANCE DATE: Fall 20___ Spring 20___ Summer Session 20___

_____ _____
Signature *Date*

Catawba College admits students without regard to religious creeds, race, sex, national origin, or handicap.

2300 W. Innes Street Salisbury, North Carolina 28144-2488 1-800-CATAWBA (704) 637-4461

Revised July, 2013

CATAWBA COLLEGE

APPLICATION GUIDE
Master's Degree Program

How to Apply

1. Request an application by writing or calling
   Dr. Lou W. Kasias, Graduate Program Director
   Catawba College
   2300 West Innes Street
   Salisbury, NC 28144-2488
   Telephone – 704- 637-4461 or 4462
   1-800-CATAWBA
   FAX – 704-637-4732
   E-mail – lakasias@catawba.edu
   jvsnider@catawba.edu

2. Submit the following directly to the Graduate Program Director or to the Department Administrative Assistant:
   a. **two** official transcripts from each college/university attended (These should be mailed from the institution directly to the Department of Teacher Education, Catawba College.)
   b. the completed application forms, the health history and immunization form and documents, and the $25.00 application fee;
   c. a copy of the National Teacher Examination (NTE) scores, PRAXIS scores, or test scores used by other states and accepted by the State of North Carolina for reciprocal licensing;
   d. a copy of the applicant's teacher's license; and
   e. three references from individuals who have direct knowledge of the applicant's academic and/or professional performance (reference forms accompany the application form). At least one form should be completed by the applicant's principal or assistant principal.
   f. brief statement on a separate sheet of paper (not more than one page) concerning your reason for wanting to pursue graduate study. Include any information concerning work experiences and/or service through professional organizations which you feel would be helpful to the admission screening committee. Enclose the statement with your application.

3. Request an appointment through the office of the Director of the Graduate Program for an admission interview.

WHEN TO APPLY
Prospective students should apply for admission not less than one month before the beginning of the term for which entry is intended.

ADMISSIONS REQUIREMENTS
An applicant for regular status in the graduate program is expected to

1. show evidence of having received a baccalaureate degree from an accredited institution of higher education with a grade point average of 3.0 or greater (on a 4.0 scale);
2. hold, or be eligible to hold, a North Carolina Standard Professional 1 or 2 license in Elementary Education;
3. provide evidence of acceptable National Teacher Examination scores, PRAXIS scores, or test scores used by other states and accepted by the State of North Carolina for reciprocal licensing;
4. provide three satisfactory letters of recommendation from persons who have knowledge of the applicant's academic and professional performance or potential;
5. complete a satisfactory interview with the Director of the Graduate Program;
6. complete and submit all necessary application forms including a personal statement concerning reasons for desiring graduate study; and
7. provide health history and immunization history as requested on the Catawba College Health Form. Questions regarding the applicant's health history or immunizations should be directed to Kathi Welborn, R.N., Director of Health resources -- (704) 637-4404; FAX (704)-637-4234; e-mail kwelborn@catawba.edu

Applicants must be currently teaching in a K-6 classroom and should have at least one year of teaching experience.

Conditional admission may be granted to an applicant with an undergraduate grade point average slightly under 3.0 if there is evidence of academic ability sufficient to complete the program. Under such circumstances, the conditionally-admitted person must maintain a 3.0 average for the first four courses taken to be eligible to continue.

Catawba College will accept up to six semester hours of transfer credit for graduate courses taken at other regionally accredited graduate degree granting institutions. No grades will be given for such credit, nor will these credits be considered in the computation of a final grade point average.

Graduate Study Recommendation

____

Name of Applicant

Person Making Recommendation:

____

Name and Position

Address:

____

____

City State Zip

Relationship to Applicant: ____Colleague ____Principal
Assistant Principal ____ Other____________________

How long have you known the applicant?
From___________________to_____________________

Catawba College's graduate program goals and objectives are based on North Carolina's *Standards for Graduate Teacher Candidates*, which are parallel to and expand upon the *North Carolina Professional Teaching Standards*. These are advanced standards, used as guidelines in preparing teacher leaders who facilitate the creation of healthy educational environments, have deep knowledge and skills in their content and curriculum, use research in making decisions about effective practice for student learning, and are continuous, reflective practitioners who model the values of lifelong learning, critical thinking, problem-solving, and innovation.

To best determine how to help our incoming master's candidates, we would like your input in identifying this applicant's strengths and weaknesses. From your opportunities in working with and observing this teacher, indicate your perception regarding how well he or she meets the following standards. Use a rating system of 1 to 10, with 10 being the highest rate.

I perceive this master's applicant as being	**Rate from 1-10**	**Comments (Optional)**	**No Chance to Observe**
a teacher leader who can communicate and collaborate with colleagues; facilitate the mentoring and coaching of novice teachers; set goals and priorities that initiate positive student learning; and actively participate in professional learning communities.			
a teacher leader who can establish a respectful educational environment for a diverse population of students, their families, and the community.			
a teacher leader who has content and curriculum expertise regarding the subjects he or she teaches and can integrate 21st century content and skills into educational practices.			
a teacher leader who can facilitate student learning through evidence-based practice informed by research and can design, implement, and reflect upon his or her own action research conducted in his or her school setting.			
a teacher leader who is reflective regarding his or her own teaching practices; uses problem-solving skills to improve and make innovations that increase student performance; and models the behavior of a life-long learner.			

I recommend the applicant for graduate study: _____Highly _____Without reservation _____With reservation

Please provide any additional information you feel may be helpful. You may use the back of this form.

____

____

Please mail to
Graduate Education Office
Catawba College
2300 W. Innes Street
Salisbury, North Carolina 28144-2488

____
Signature

____
Date

~~~~~~

Applicant's Waiver of Right of Access to Confidential Statement. I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

____ __________________________________
~~~~~~

Graduate Study Recommendation

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Person Making Recommendation:

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Name and Position

Address:
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City State Zip

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____ ______________________________
Signature Date
~~~~~~

Graduate Study Recommendation

____

Name of Applicant

Person Making Recommendation:

____

Name and Position

Address:

____

____

City State Zip

Relationship to Applicant: ____Colleague ____Principal
Assistant Principal ____ Other____________________

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From___________________to_____________________

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Signature

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Date

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____ __________________________________
~~~~~~

CATAWBA COLLEGE

To: All Graduate Students
From: Lou Ann Kasias, Director of the Graduate Program
Kathi Welborn, RN, Direcotr of Health Services
Regarding: Compliancy for Student Status for the State of North Carolina

The state of North Carolina requires **all students taking four or more credit hours** in a semester (each three-week summer session is considered to be one semester) to provide proof of immunization to Health Services. Failure to do this can result in the student being suspended from Catawba College.

Proof of immunizations must be a copy of a physician-signed document confirming the immunization record or a copy of a public document, such as a high school transcript indicating proof of immunizations.

Requirements for student status are the following:

1. Dates of DPT immunization. This is usually given in infancy.
2. Date of a tetanus booster in the last 10 years.
3. Dates of measles, mumps, and rubella immunization. If dates cannot be obtained, a copy of a titer (blood test) may be submitted to assure immunity. (Not required if born before 1/1/57)
4. Date polio series was completed.

Immunizations that are not recorded may be received in Health Services for a charge of $17.00. The Health Services Center is open Monday through Friday from 8 a.m. – 4:30 p.m.

Health Services **does not** require a physical exam or a Tuberculin test from graduate students.

The completed health history and immunization record **must be submitted** to

Dr. Lou Kasias, Director of the Graduate Program
Catawba College
2300 West Innes Street
Salisbury, North Carolina 28144-2488

Any questions regarding these requirements should be addressed to

Kathi Welborn, R.N.
704-637-4404
FAX 704-637-4234
kwelborn@catawba.edu

Catawba College
Health History
to be completed by Graduate Student

For Office Use Only
completed _____
letter _____
vaccine required _____
computer _____

Please answer all questions on both sides of this document. *Print or type*

Name _____ Sex ____ Age _____ Birth Date _____
Last First Middle

Home Address _____ Phone _____
Street City State Zip

Marital Status: S M W D Social Security Number _____ Cell Number _____

HOSPITAL/ HEALTH INSURANCE: This must be completed. North Carolina coverage is required.

Subscriber's ID _____ Group No. _____ Subscriber's Name _____

Name of Company _____ Address _____

Is your Insurance an HMO? ☐ No ☐ Yes If yes, Name of Physician _____
Name Address Phone

Student's Personal E-Mail Address: _____

PREVIOUSLY ENROLLED
☐ No ☐ Yes Date (s) _____

PROPOSED REGISTRATION
☐ Fall ☐ Spring ☐ Summer 20____

PERSONAL HISTORY: In order to better facilitate student care, please answer if you have ever had any of the following:

	yes	no		yes	no		yes	no
Arthritis			Rheumatic Fever			Ear, Nose, Throat Trouble		
Migraine			Heart Disease or Mumur			Anorexia Nervosa/ Bulimia		
Epilepsy (convulsive disorder)			High Blood Pressure			Hepatitis		
Asthma, Hayfever, Hives			Tuberculosis			Kidney Disease		
Other Allergic Conditions			Diabetes			Gastrointestinal Conditions		
Mononucleosis			Emotional Condition			Learning Disability		

Other serious illnesses/ hospitalizations/ injuries/ disabilities/ deformities: _____

If any of the above are YES, give details: _____

Any medical condition ? _____

If so, what? _____

Give name(s) and address(es) of doctor(s) and/ or hospital(s) or clinic(s): _____

Any emotional condition, give name(s) and address(es) of doctor(s) and/ or hospital(s) or clinic(s): _____

PRESENT ILLNESS Any disease, drug or treatment that should be continued or evaluated periodically? ☐ yes ☐ no

If yes, please explain: _____

DRUG SENSITIVITY: ☐ yes ☐ no If yes, what drugs? _____

EMERGENCY INFORMATION: In case of emergency, please notify: _____
Name

Address _____ Relationship _____

Phone _____ Email _____

STATEMENT BY STUDENT: I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I hereby give my permission to any doctor, hospital, or other medical agency to release confidentially to the Student Health Center Physician(s) of Catawba College any information they may have concerning my medical condition and their professional contact with me.

Signature of Student: _____ Date _____

Name _____

Proctor Student Health Center: Catawba College
IMMUNIZATION HISTORY
Mandatory

N.C. STATE LAW REQUIRES THAT ANY STUDENT NOT PRESENTING PHYSICIAN-SIGNED IMMUNIZATION MUST BE IMMUNIZED DURING THE INITIAL 30 DAY OF THE SEMESTER. NON-COMPLIANCE REQUIRES REMOVAL FROM SCHOOL. COPIES OF THE N.C. HIGH SCHOOL IMMUNIZATION CERTIFICATION OR OFFICIAL DOCUMENTATION ARE ACCEPTABLE IF UP-TO-DATE.

A. TETANUS-DIPHTHERIA

Tetanus-Pertussis-Diphtheria **SERIES OF THREE DATES:** (MO) (DAY) (YR) (MO) (DAY) (YR) (MO) (DAY) (YR)

-AND-

Tetanus-Diphtheria-Booster or TDap **WITHIN PAST 10 YEARS** (Circle appropriate vaccine) **Date of Vaccination:** (MO) (DAY) (YR)

B. MEASLES, MUMPS, RUBELLA (MMR) - TWO DOSES REQUIRED

Dose 1 - On or after first birthday and before 16 mos of age **Date of Vaccination:** (MO) (DAY) (YR)

-AND-

Dose 2 - At least one month after 1st dose ($17) **Date of Vaccination:** (MO) (DAY) (YR)

IF MMR NOT GIVEN, PROCEED TO C, D AND E.

C. MEASLES (RUBEOLA) Check one (not required if born before 1/1/57)

1. Two does required **Date of Vaccination:** (MO) (DAY) (YR)

Dose 1-Immunization on or after 1st birthday

-AND- **Date of Vaccination:** (MO) (DAY) (YR)

Dose 2-At least one month after 1st dose

Date of Disease: (MO) (DAY) (YR)

2. Had disease; confirmed by office record

-OR- **Date of Titer:** (MO) (DAY) (YR)

3. Report of positive immune titer

D. RUBELLA - History of disease is NOT acceptable verification. Check one (not required if 50 years old or older)

1. Immunization on or after 1st birthday **Date of Vaccination:** (MO) (DAY) (YR)

-OR- **Date:** (MO) (DAY) (YR)

2. Has report of positive immune titer

E. MUMPS - Check one (not required if born before 1/1/57) **Date of Vaccination:** (MO) (DAY) (YR)

1. Immunization on or after 1st birthday

-OR- **Date of Disease:** (MO) (DAY) (YR)

2. Had disease; confirmed by office record

F. POLIO - **Last Booster Date:** (MO) (DAY) (YR)

1. Completed primary series ☐ no ☐ yes; Type of vaccine ☐ OPV ☐ IPV

PHYSICIAN'S NAME _____

ADDRESS _____

PHONE NUMBER _____ **DATE** _____

PLEASE MAIL COMPLETED FORM 30 DAYS PRIOR TO ENROLLMENT.