

# LE MOYNE

Education Department Graduate Programs

Application for  
Graduate Admission

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Educational Leadership Programs

LEARNING AND SERVICE: OUR SHARED JESUIT MISSION

# Application FOR GRADUATE ADMISSION – EDUCATIONAL LEADERSHIP INSTRUCTIONS FOR COMPLETION

## APPLICATION DEADLINES FOR MATRICULATION

The Department of Education follows a rolling admission policy for graduate applications.

**NOTE:** Students may register for up to six credit hours while awaiting application completion.

## ADMISSION NOTIFICATION

Admission notification will be made by official letter within four weeks of application completion.

## APPLICATION CHECKLIST

All application materials must be submitted in one packet to the Department of Education. The following is required for application completion:

\_\_\_\_\_ **Completed Application**

\_\_\_\_\_ **Nonrefundable Application Fee** — Please include a check or money order for \$50 made payable to Le Moyne College.

\_\_\_\_\_ **G.R.E. Scores** — Request G.R.E. scores be sent directly to the Department of Education at Le Moyne College. To schedule an appointment to take the G.R.E., contact the Prometric Testing Center at (315) 433-9038.

**Note:** *The G.R.E. requirement may be waived with an undergraduate G.P.A. of 3.5 or better, an earned master's degree and/or current New York state teacher certification. Applicants must request a waiver of the G.R.E. in writing and provide documentation.*

\_\_\_\_\_ **Official Transcripts** — Send sealed copies of all official undergraduate and graduate transcripts that have been mailed directly to you. If a school's policy prohibits sending a transcript directly to graduates, please request that it be sent to the Department of Education Graduate Programs.

\_\_\_\_\_ **Statement of Purpose**

\_\_\_\_\_ **Two Letters of Recommendation** — Written recommendations must include at least one from a certified school administrator familiar with the applicant's work as a professional educator. Please ask these people to seal the envelope and sign over the sealed back before sending the letters of recommendation to you.

\_\_\_\_\_ **Teaching Certificate(s)** — Please submit a copy if applying for the School Building or School District Leadership program.

\_\_\_\_\_ **Verification of Educational Experience**

\_\_\_\_\_ **Transfer Credit Evaluation Form** — Up to 30 graduate credits may be considered for transfer credit into the School District Leadership and School District Business Leader programs. If you are requesting transfer credit, you must submit this form with your application.

## COMPLETED APPLICATION PACKET

Please send completed application packet to:

Department of Education  
Graduate Programs  
Le Moyne College  
Reilly Hall 101  
1419 Salt Springs Road  
Syracuse, NY 13214

**Note:** New York state law requires all students to submit immunization records before registering for courses. Please find instructions and the Immunization Record and the Meningococcal Meningitis Vaccination Response forms at [www.lemoyne.edu/health\\_center/forms.htm](http://www.lemoyne.edu/health_center/forms.htm). If you have questions, please contact Health Services at (315) 445-4440.

# Le Moyne College

## APPLICATION FOR GRADUATE ADMISSION EDUCATIONAL LEADERSHIP

### PERSONAL DATA

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Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Legal Name (Last, First, Middle) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Female  Male

#### Ethnicity (optional)

- African American/Black
- Native American/Alaskan Native
- Latino/a
- Asian/Pacific Islander
- White/Caucasian
- Other (specify) \_\_\_\_\_

#### Citizenship

- U.S. Citizen
  - Permanent Resident
  - Non-U.S. Resident
- Country of Citizenship \_\_\_\_\_

#### How did you hear about the education programs at Le Moyne College?

- |   |  |
|---|--|
| <input type="checkbox"/> Attendance at a specialized graduate forum/fair (city) _____ | <input type="checkbox"/> Alumnus/a (name) _____  |
| <input type="checkbox"/> Visit to Le Moyne College                                    | <input type="checkbox"/> Faculty member at your undergraduate school                     |
| <input type="checkbox"/> Poster advertising the graduate programs                     | <input type="checkbox"/> Placement/career counseling office at your undergraduate school |
| <input type="checkbox"/> College listing in Peterson's Guide                          | <input type="checkbox"/> Friend  |
| <input type="checkbox"/> College listing (guide) _____                                | <input type="checkbox"/> General reputation of the program                               |
| <input type="checkbox"/> Letter from the program                                      | <input type="checkbox"/> Le Moyne College Web site                                       |
| <input type="checkbox"/> Printed ad (what publication) _____                          | <input type="checkbox"/> Another Web site  |
|   | <input type="checkbox"/> Other _____   |

### RECORD OF EMPLOYMENT

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Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### REFERENCES

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1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

## ACADEMIC HISTORY

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List below the college from which you graduated and other college(s) you have attended. All college-level work must be included. You must request, in writing, that each of these institutions send official transcripts to you for inclusion in your application packet. If a school's policy prohibits sending transcripts directly to graduates, please ask the school to send them to the education department at Le Moyne College.

Institution (State, Country)	Dates Attended	Major Field	Degree Earned	Date Awarded	G.P.A. (4.0 scale)

Have you ever been convicted of a felony?  No  Yes  
If yes, please explain on a separate piece of paper.

## ACADEMIC PLAN

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I am applying for the following semester  Fall  Spring  Summer Year \_\_\_\_\_

I plan to study  Full-time  Part-time

## DEGREE PROGRAM OF STUDY

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### Educational Leadership

- School Building Leadership (with New York state certification)
  - Certificate of Advanced Studies (C.A.S.)
  - Master of Science in Education (M.S.Ed.)
- School District Leadership (with New York state certification)
  - Certificate of Advanced Studies (C.A.S.)
  - Master of Science in Education (M.S.Ed.)
- School District Business Leader (with New York state certification)
  - Certificate of Advanced Studies (C.A.S.)
  - Master of Science in Education (M.S.Ed.)

Have you any disabilities which need to be taken into consideration concerning the College facilities?  Yes  No

If yes, please specify \_\_\_\_\_

## STATEMENT OF PURPOSE

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### **Educational Leadership Program Applicants**

Please write a personal statement that includes the following:

Explain your motivation for entering the Educational Leadership program. Describe the environment you hope to create within your school building and/or district. How will the Le Moyne College Educational Leadership Program help you achieve your professional goals?

I certify that the information I have provided on this application is correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## NOTES

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## Mission Statement

Le Moyne College is a diverse learning community that strives for academic excellence in the Catholic and Jesuit tradition through its comprehensive programs rooted in the liberal arts and sciences. Its emphasis is on education of the whole person and on the search for meaning and value as integral parts of the intellectual life. Le Moyne College seeks to prepare its members for leadership and service in their personal and professional lives to promote a more just society.



LEARNING AND SERVICE: OUR SHARED JESUIT MISSION

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## DEPARTMENT OF EDUCATION GRADUATE PROGRAMS

**Le Moyne College**  
**Reilly Hall 101**  
**Syracuse, NY 13214**  
**PH: (315) 445-4376**  
**FAX: (315) 445-4744**  
**GradEducation@lemoyne.edu**  
**[www.lemoyne.edu/education](http://www.lemoyne.edu/education)**

*Le Moyne College is an affirmative action/equal opportunity employer and equal opportunity institution.*

**NONDISCRIMINATION STATEMENT** Le Moyne College is an Affirmative Action/ Equal Opportunity Employer, and does not discriminate on the basis of race, color, gender, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin. For more information visit [www.lemoyne.edu/student\\_life/compliance.htm](http://www.lemoyne.edu/student_life/compliance.htm).

# Le Moyne College

## Education Department Graduate Programs Educational Leadership

### VERIFICATION OF EDUCATIONAL EXPERIENCE

Candidates for the Le Moyne College Leadership program must have three (3) years experience as a teacher, administrator/supervisor or pupil personnel service provider.

#### TO BE COMPLETED BY APPLICANT

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Name (Last, First, Middle) *Please print* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

#### TO BE COMPLETED BY HUMAN RESOURCES

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The candidate named above has been employed from \_\_\_\_\_ to \_\_\_\_\_

In the position of \_\_\_\_\_

At \_\_\_\_\_ District \_\_\_\_\_  
(school)

SIGNED,

\_\_\_\_\_  
Human Resource Director Date \_\_\_\_\_

\_\_\_\_\_  
(Please Print Name)

**Who should use this form:** Individuals requesting transfer credits. Up to nine credits of course work in educational leadership and/or educational administration may be considered.

For transfer credit evaluation, please complete this form and submit it with your application.

If you have questions about this form or about transfer credit, please contact the Department of Education at (315) 445-4376.

### TO BE COMPLETED BY APPLICANT

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Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Names of colleges and/or universities for which transcripts are being submitted for evaluation:

\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATE AREA OF STUDY

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**Please check the certificate area you wish to obtain.**

- School Building Leadership
- School District Leadership
- School District Business Leader