

SUPPLEMENTAL APPLICATION

GRADUATE APPLICATION

COLLEGE OF EDUCATION NURSING AND HEALTH PROFESSIONS

Department of Education and Human Services



UNIVERSITY OF HARTFORD



**COLLEGE OF EDUCATION,
NURSING AND HEALTH PROFESSIONS**
Department of Education and Human Services

DIRECTIONS FOR APPLICATION TO GRADUATE STUDY

Professions welcome your application for graduate study at the University of Hartford. Applicants interested in Early Childhood Education, Elementary Education, Educational Technology, Deaf Education/Aural Habilitation and Counseling should complete the following checklist and submit all documents to the Center for Graduate and Adult Academic Services. Applications must be complete to be considered by the Graduate Admissions Committee: The priority filing date is April 15 for entry in the summer or fall. It is November 15 for entry in the spring. Applications received after the priority filing dates will be considered on a case by case basis, depending upon both the quality of the application and the number of remaining openings in the class. The admissions committee will review complete applications in the order in which they are received.

All applicants

Submit enclosed application forms and a nonrefundable application fee, \$45 for domestic applicants, \$45 for international applicants, payable to the University of Hartford. On-line application option: <http://admission.hartford.edu/graduate>

All applicants

Request that all colleges and postsecondary institutions forward official transcripts.

All applicants

Request two recommendations from professors, employers, or school administrators on the forms supplied.

All applicants

Must schedule an interview with the appropriate faculty member.

All applicants

submit an essay describing personal and professional goals using the enclosed Essay/Letter of Intent Form

Applicants seeking admission to teacher certification

programs must provide passing scores on the Praxis I computer-based tests in reading, writing, and mathematics OR meet the requirements for a state approved waiver. Waiver eligibility requirements and application forms are available from the Connecticut State Department of Education at www.state.ct.us/sde. If an applicant pursues a waiver from the state, it is the applicant's responsibility to submit a copy of the letter they receive from the state granting them the waiver as part of their application to graduate study.

Deaf Education/Aural Habilitation	Dr. Marietta Paterson	860.768.5521	paterson@hartford.edu	Dana Hall 437
Early Childhood Education	Dr. Paige Bray	860.768.4553	bray@hartford.edu	Hillyer 252
Educational Technology	Dr. Frederick King	860.768.5190	rking@hartford.edu	Hillyer 212
Elementary Education	Dr. Ann Courtney	860.768.5336	courtney@hartford.edu	Hillyer 205
Director of Communication and Recruitment	Marlene Hall, M.S.	860.768.5116	mhall@hartford.edu	Hillyer 220



UNIVERSITY OF HARTFORD

Center for Graduate and Adult Academic Services
Computer and Administration Center
University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117-1599
Telephone: (860) 768-4371 Fax: (860) 768-5160
E-mail: GradStudy@hartford.edu

**COLLEGE OF EDUCATION,
NURSING AND HEALTH PROFESSIONS**
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STUDENT'S SOCIAL SECURITY NUMBER (OPTIONAL)
OR STUDENT'S TELEPHONE NUMBER
OR STUDENT'S EMAIL

LETTER OF INTENT

Your Letter of Intent is your opportunity to tell us something about yourself and why you wish to enter the program to which you are seeking admission. You should discuss not only your desire to enter the professional field you have chosen but also the particular program of study available at the University of Hartford. If you are applying to a teacher education program or to the program in educational technology, please include your philosophy of education.

Your Letter of intent is also evidence of your writing skills. Pay attention to the form as well as to the content. Please limit your statement to 500 to 750 words.

SIGNATURE _____ DATE _____



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DEGREE SELECTION SHEET – TO BE FILLED IN BY APPLICANT:

NAME OF APPLICANT : _____

DEGREE SOUGHT: **Masters in Education** (Please check appropriate boxes)

Deaf Education/Aural Habilitation

Are you seeking cross endorsement? Yes No If yes, Please submit current certification documentation.

Early Childhood Education

Are you seeking State of Connecticut Certification? Yes No

Educational Technology

Elementary Education

Are you seeking State of Connecticut Certification? Yes No

Identify any additional related specialized training and experience you have had:



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RECOMMENDATION FOR GRADUATE STUDY – TO BE FILLED IN BY APPLICANT

NAME OF APPLICANT _____

PROPOSED DEGREE PROGRAM _____

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

SIGNATURE _____ DATE _____

To the person completing this recommendation:

We would appreciate your candid opinion of this applicant's personality, motivation, and capacity to undertake graduate-level study. We are interested in learning of specific strengths as well as weaknesses, both personal and academic. Please be aware that the student has access to this recommendation unless he or she has signed the waiver-of-confidentiality statement.

Please provide additional comments concerning the applicant's qualifications and potential for success in graduate school. You may use the reverse side of this form or attach a separate sheet.

(use reverse side, if necessary)

RECOMMENDER'S NAME _____

DATE _____ SIGNATURE _____

INSTITUTION _____ TITLE/POSITION _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____

> Please return this form to the address above.



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RECOMMENDER'S NAME _____

DATE _____ SIGNATURE _____

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STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____

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GRADUATE POLICIES AND PROCEDURES

Please note: Students seeking a degree, certification, or certification recommendation may take a maximum of 6 semester hours of graduate study at the University of Hartford before matriculating into a degree or certification program.

I. GRADUATE ADMISSION CRITERIA AND EVIDENCE

The criteria for admission are listed below. There are two categories of evidence that may be submitted at the candidate's discretion. If you do not meet the minimum GPA requirements listed below, you are invited to submit additional evidence that you have met the criteria. Below each criterion are listed both the mandatory (*) and discretionary (-) forms of evidence:

1. The ability to think critically, grasp abstract concepts, and analyze complex information in order to be successful in the Department of Education and Human Services graduate classes.*
 - Undergraduate GPA of B- or better
2. Sufficient command of English to be successful in Department of Education and Human Service graduate classes.
 - Essay
 - Interview
 - TOEFL scores of at least 560 paper-based 80 iBT(74th percentile), when required
 - Other materials at the candidate's discretion
3. Competence in written communication.
 - Essay
 - Letters of recommendation
 - Other materials at the candidate's discretion
4. Competence in oral communication.
 - Interview
 - Letters of recommendation
 - Other materials at the candidate's discretion
5. Understanding of the field one is applying to enter.
 - Essay
 - Interview

6. Understanding of the approach to professional preparation taken in the Department of Education and Human Service.
 - Essay
 - Interview
7. Competence in the basic skills of reading, writing, and mathematics.**
 - Passing scores on Praxis I
 - A waiver, issued by the State of Connecticut. Waiver eligibility requirements and application forms are available from the Connecticut State Department of Education at www.state.ct.us.sde

** This criterion, and indicators of it, are mandated by the State of Connecticut and apply only to those seeking certification as a teacher.

Graduate Admission Materials

Each candidate MUST submit the following materials:

- Evidence of graduation from an accredited institution of higher education.
- Transcripts of all undergraduate and graduate course work.
- A written essay describing why the candidate wishes to enter the field of study and why she/he wishes to study at the University of Hartford in particular.
- Evidence of an interview with a faculty member who is associated with the program the candidate wishes to enter. These interviews will normally be conducted in person, but under special circumstances, such as great geographical distance, the interview may be conducted over the phone.
- Two letters of recommendation from educators, employers, or other persons who can provide evidence of the presence of the criteria for admission.



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GRADUATE POLICIES AND PROCEDURES (CONTINUED)

Admission Procedure

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1. Accept
2. Deny
3. Committee Hold

Candidates will be notified in writing of the Committee's decision. When the Committee Hold action is selected, the candidate will be able to submit additional evidence for reconsideration (such as new documents, grades from courses, and so on) as indicated in the notification letter and will not have to pay a new application fee.

II. ACADEMIC POLICIES

Generally, a maximum of 6 semester hours of graduate credit may be accepted if transferring from an accredited institution with the following stipulations:

1. Credits have not been applied previously to a degree or certificate.
2. Courses have been completed within a six-year period.
3. Courses are appropriate to the student's program of study, per written approval of the student's major advisor.

Consortium Credit

Credit earned through the Hartford Consortium for Higher Education, with prior written approval of the student's advisor, is considered transfer credit.

Criteria for Satisfactory Progress

A matriculated graduate student who receives a course grade of "C" must consult with his/her advisor. (For example, a grade of "A" in one course will offset, or balance, a "C" in another course. Another option would be to retake the course in which

the student received a "C". A student whose grade point average falls below 3.0 or who receives a course grade lower than C shall be notified that his/her record will be reviewed by the Academic Standing Committee and may be subject to probation or dismissal.

Grading Policy

Grades and grade points are based upon the following system:

A 4.00	B- 2.67	D+ 1.33
A- 3.67	C+ 2.33	D 1.00
B+ 3.33	C 2.00	D- 0.67
B 3.00	C- 1.67	F 0.00

In special circumstances, students may be allowed to complete course work after the end of the semester, receiving a grade of "I" (incomplete) for the course. The student is responsible for making arrangements with the instructor at the time the incomplete is issued for completion of the work.

Independent Study

With the approval and direction of an appropriate faculty member, a student may on occasion be permitted to pursue study in an area or level not offered through existing courses. The student will be required to complete an Independent Study Contract, which must be approved and retained by the faculty supervising the independent study.

Student Teaching Requirements

Admission to the professional preparation program requires that a matriculated student submit an application for student teaching. This form, with supporting documentation, must be filed with the Coordinator of Student Teaching at the beginning of the academic semester prior to the semester during which the student teaching is planned. This date is posted for each academic semester in question. Please note that in some cases this will mean submitting this application nearly simultaneously with the application for admission.

Candidates seeking State of Connecticut certification will be required to complete the Praxis II: Subject Assessment successfully for their education endorsement area.



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GRADUATE POLICIES AND PROCEDURES (CONTINUED)

Time Limit and Residence Requirements

Course work for the master's degree or sixth-year certificate must be completed within a six-year period. A student may request an extension of this time limit from the Graduate Admissions Committee. This request must be made in writing and should include the reason for the extension and the anticipated completion date.

It is expected that students will complete core requirements at the University. Generally, it is also expected that the final six hours of study will be completed in residence. Students requesting a waiver for either of these situations must have their request approved by their advisor prior to submitting their request to the Graduate Admissions Committee.

Program Requirements

Specific course requirements are listed by program in the Graduate Bulletin. All students must have on file in the Evaluator's Office a planned program of study that is approved, signed, and dated by their major advisor and the student.

III. COMPLETION REQUIREMENTS

Master's students must complete a summative assessment of their work. In many programs, this involves taking a comprehensive examination; however, some programs may opt to use different means of assessment.

Comprehensive Exams

Comprehensive examinations are given in the fall and spring semesters and during summer term. Information on the comprehensive exams, including policies, procedures, and upcoming dates, is available in the Evaluator's Office. Information regarding the content and format of the exam may be obtained from the student's advisor. Students who do not successfully complete the exam and who are seeking a degree or sixth-year certificate will be required to retake the exam. Students will be notified by the dean's office of exam results. If a retake is needed, arrangements should be made with the advisor.

Graduation

Students are responsible for filing appropriate graduation forms and materials, according to the time schedule established by the Registrar's Office (typically mid-February for May, mid-July for September, and mid-October for January graduation dates).



IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: _____

UH ID#: _____ SS# _____ DATE OF BIRTH _____ [] MALE [] FEMALE

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

STUDENT PHONE: CELL _____ HOME _____

STATUS: Will be living in campus housing? [] Yes [] No Date Entering University: _____

[] FULL-TIME [] PART-TIME [] GRADUATE PROGRAM [] FRESHMAN [] SOPHOMORE [] JUNIOR [] SENIOR

Measles Vaccine: First dose must have been administered on or after the student's first birthday, AND must have been administered on or after 1/1/69. The second dose must have been administered on or after 1/1/80. (Exempt if born before 12/31/56)

Mumps Vaccine: Must have been administered on or after the student's first birthday.

Rubella (German Measles) Vaccine: Must have been administered on or after the student's first birthday.

REQUIRED IMMUNIZATIONS

This section must be completed by either a physician or someone operating under the direction of a physician, i.e., school nurse, PA, APRN. Record of Immunizations (month/day/year)

Table with 4 columns: Disease History (IS NOT acceptable), 1st dose (or 1st MMR), 2nd dose (or 2nd MMR), Lab evidence of immunity-titer is acceptable (Date of test, Titre Results). Rows for Measles, Mumps, Rubella.

Meningitis Vaccine (Required for all students living in campus housing) Date: ___/___/___

Tuberculosis Screening: (BCG Vaccine is not a contraindication to testing.)

Test date must be completed within the last calendar year.

OPPD (MANTOUX) Date: ___/___/___ Results: [] Negative [] Positive Induration _____ mm

[] Chest x-ray (if positive PPD) Date: ___/___/___ Results: [] Negative [] Positive

[] If positive PPD, treatment with _____ Dates: _____

NON-REQUIRED, BUT STRONGLY RECOMMENDED IMMUNIZATIONS

Hepatitis A Vaccine Date 1: ___/___/___ Date2: ___/___/___

Hepatitis B Vaccine Date 1: ___/___/___ Date2: ___/___/___ Date3: ___/___/___

Varicella Date 1: ___/___/___ Date2: ___/___/___

Tetanus Diphtheria Date 1: ___/___/___

Date of Last Physical Examination (a physical is not required but strongly recommended) Date: ___/___/___

Signature of Health Care Provider: (MUST BE SIGNED OR STAMPED BY HEALTHCARE PROVIDER)

NAME: _____ SIGNATURE: _____

ADDRESS: _____ PHONE: _____



IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: _____ DOB: _____ STUDENT ID: _____

MEDICAL HISTORY

NOTIFICATION OF SPECIAL MEDICAL CONSIDERATIONS: in an effort to be productively responsive to students needs, the University Health Services would like to be alerted to any special medical conditions or concerns that may require special attention or care. Please attach or forward any medical records that may be needed in order to provide appropriate care to this student while they are at college. Also, since we cannot automatically assume responsibility for a student's care without their willing participation, please instruct them to contact the Student Health Services office to make an appointment when needed.

Current Medical History/Condition(s): _____

Allergies/Allergens: _____

Medications Taken Regularly: (name/dosage) _____

Medical History: Check if you have ever had any of the following. Comment on all checked conditions in the space below:

- YES NO YES NO
Acne (under treatment)
Anxiety
Arthritis
Bipolar disorder
Blood disorder
Cancer
Chicken Pox
Crohn's Disease/IBS
Depression
Digestive trouble
Emotional/mental illness
Hay fever
Heart Disease
HIV/AIDS
Kidney stones
Migraine/recurrent headaches
Peptic ulcer
Pregnancy
Seizure disorder (epilepsy)
Skin disorder
Thyroid disorder
Urinary infection
Alcohol/drug use, problem or treatment
Anemia
Asthma
Bleeding trait
Breast disease
Cerebral palsy
Chronic Bronchitis/emphysema
Chronic kidney condition
Diabetes (type I or II)
Eating disorder (anorexia/bulimia)
Fracture/sprains
Hepatitis
High Cholesterol
Insomnia/sleep problems
Menstrual problems
Pelvic infection
Phlebitis
Rheumatic fever
Sexually transmitted disease
Systemic lupus
Tobacco use
Other:

If you answered yes to any of the above, please explain: _____



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MAIL TO:
University of Hartford Health Services
200 Bloomfield Avenue
West Hartford, CT 06117-1599
Telephone: (860) 768-6601
Fax: (860) 768-5140

IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: _____ DOB: _____ STUDENT ID: _____

INSURANCE INFORMATION

Only for laboratory or x-ray services/referrals—Student Health Services does not utilize insurance. Students pay for medications and/or laboratory services done on site. Fees are payable at the time of service by cash, check, charge or the University Hawk Flex card.

NAME OF INSURANCE: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

POLICY HOLDER: _____

Is prior authorization required for referrals? [] Yes [] No Laboratory Services? [] Yes [] No

Please provide any other additional information you feel would be needed in case of an emergency or health related situation:

Multiple horizontal lines for providing additional information.

Emergency Contact Information:

Multiple horizontal lines for providing emergency contact information.

Please make sure all sides are filled out completely and designated forms are signed by your medical provider. All forms must be at the Student Health office prior to moving onto or attending classes to comply with The State of Connecticut's Department of Public Health's mandate.

The University does not permanently store these records. Please keep a copy for your permanent records. To reduce unnecessary paper copies, please do not mail and fax—only send one completed copy. Thank you for your prompt attention

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**COLLEGE OF ARTS
AND SCIENCES**

**HILLYER
COLLEGE**

**HARTFORD
ART SCHOOL**

**BARNEY SCHOOL
OF BUSINESS**

**COLLEGE OF ENGINEERING,
TECHNOLOGY
AND ARCHITECTURE**

**COLLEGE OF EDUCATION,
NURSING AND HEALTH
PROFESSIONS**

**THE HART
SCHOOL**

STATEMENT OF NONDISCRIMINATORY POLICIES

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.