

COLLEGE OF EDUCATION



UNIVERSITY OF COLORADO
AT COLORADO SPRINGS

College of Education
Department of Leadership, Research, and Foundations
Master's Degree
Leadership in Education: P-12 Education
And Principal Licensure
Application Packet

Submit applications to:
Ms. Catherine Archibald
UCCS College of Education
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918

*L*EADERSHIP
*R*ESearch
*F*OUNDATIONS

University of Colorado at Colorado Springs
College of Education
MA/Principal Licensure Program

Application Process Requirements Checklist

Applications for admission to the MA/Principal Licensure Program must be submitted to the Leadership, Research, and Foundations (LRF) department administrative assistant, Cathy Archibald, Columbine Hall 4062. Deadlines for applications are October 15 for spring semester, April 1 for summer semester, and June 15 for fall semester. The application must be submitted in hard copy and should include:

_____ The Application for Graduate Admission Part 1

_____ In-State Tuition Form

_____ Two official transcripts of all academic work completed to date, sent directly from the academic institutions attended.

_____ Receipt for nonrefundable application processing fee of \$60. Application fee is paid at the bursar's office (MH 209).

_____ Scores from the GRE® taken within the past five years (see details on the GRE® information sheet in this packet). Applicants holding a Master's Degree are not required to take the GRE®.

_____ A Career Goals Statement as described on the instruction sheet in this packet.

_____ A Curriculum Vitae or Professional Résumé.

_____ Three Recommendations as detailed on the instruction sheet in this packet.

_____ For international applicants, a score on the Test of English as a Foreign Language (TOEFL).

All graduate materials should be received in the College of Education by the application deadline. If your undergraduate GPA is below 2.75, you will be recommended for provisional acceptance. You may take 9 semester hours as an unclassified student prior to being accepted into the program.

The University of Colorado at Colorado Springs does not discriminate on the basis of race, color, national origin, sex, age, disability, creed, religion, sexual orientation, or veteran status in admission and access to, and treatment and employment in, its educational programs and activities.

University of Colorado Application for Graduate Admission Part 1

Full Legal Name (do not use nicknames or initials): _____

Former CU Student No. _____

Social Security No. _____
(See instructions)

Last _____ First _____ Middle _____

Names under which you were last registered or credentials might be submitted, if different than above: _____

Addresses and telephone numbers (notify both Admissions and the department promptly if these change):

Permanent: _____
No. and Street or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code and Phone No. _____

Mailing: _____
(If different from Permanent) No. and Street or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code and Phone No. _____

Next of Kin: _____
Name _____ Relationship _____ No. and Street or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code and Phone No. _____

E-mail Address (optional): _____

Birth Date: ____/____/____ Birthplace: _____
Mo. Day Yr. City State Country Sex: _____

Ethnicity (for compliance with the 1964 Civil Rights Act):

- African American or Black, Not of Hispanic Origin
 Hispanic, Chicano, Mexican American or Latino
 Multiracial. Indicate below other ethnic or racial terms
 American Indian or Alaskan Native
 White, not of Hispanic origin
 that further or better describe your ethnic background
 Asian or Pacific Islander
 I do not wish to provide this information. _____

Country of Citizenship: _____ If not a U.S. Citizen, type of visa: _____

Non-U.S. Citizen on Permanent Status: Alien Registration No.: _____ Date of Issue: _____

For what major and degree are you applying? (See Instructions) Major Code: GR- LEAD Degree: MA Special Field: _____ CATECS? No Yes

Admission type (check one): First time in a master's program
 Previously enrolled in a master's program
 First time in a doctoral program
 Previously enrolled in a doctoral program

For which term are you applying? Spring Summer Fall Year _____

Have you ever applied for graduate status at the University of Colorado? No Yes When? _____

To any other CU Campus? No Yes When? _____ What Department? _____

Are you enrolled in another graduate degree program at the University of Colorado? No Yes

If yes, what program? _____ On what campus? _____ Do you plan to complete that program? No Yes

List in chronological order all undergraduate and post-baccalaureate schools attended or being attended, including the University of Colorado; indicate whether semester (S) or quarter (Q) hours. **CALCULATE YOUR GRADE POINT AVERAGE.** Consider A as 4 points, B as 3 points, C as 2 points, D as 1 point, F as 0 (Your exact average will be calculated before final action is taken by this Graduate School.) Attach an additional sheet

	School Name City and State	Zip Code (Required)	Dates of Attendance	Degree & Date Conferred	Major	Overall Grade Point Average		
						Hours	Points	Average
Undergraduate List All	1/							
	2..							
	3.							
	4.							
	5.							
Postbacc laureate List All	1.							
	2.							
	3.							

Undergraduate GPA _____

List below all courses in progress including extension and correspondence courses:

School Name	Credit Hours	Estimated Grade	(Continued) Course Title and Number	Undergraduate	Postbaccalaureate
				Credit Hours	Estimated Grade
Course Title and Number			3.		
1.			4.		
2.			5.		

Last attendance at _____ Have you ever received credit for any work taken at the
University of Colorado: _____ Semester _____ Year _____ School _____ University of Colorado? No Yes Campus or Location: _____

Have you ever been convicted of a felony? No Yes (If yes, attach an explanation.)

Are you or have you ever been in the Armed Services of the United States? No Yes When? _____

I have read the instruction, and here by certify that to the best of my knowledge the information furnished on this form is true and complete. I understand that if found to be otherwise, it is insufficient cause for refusal or dismissal.

Date: _____ Applicant's Signature: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

- Admit regular for: Major Code _____ Degree: _____ Term: _____ | Indicate receipt of application
 Recommend admit provisional for: Major Code _____ Degree: _____ Term: _____ | fee here.
 (See attached provisional degree form.)
 Refuse admission for: Major Code _____ Term: _____ |

Signature of Department Officer _____ Department _____ Dept. Extension _____ Date _____

COMPLETE THIS FROM IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Carefully answer all questions. If appropriate, indicate of check NA. Failure to answer a question may result in your being misclassified or may cause delays that could affect your chances for admission. Month and year are sufficient for dates more than two years past. In addition to your own information, if you will not be 23 years of age on the first day of the term for which you are applying, give parent or court-appointed guardian information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of the Registrar and must be submitted to that office before registration.

Student's Name _____ Social Security No _____ Student No _____
Last First Middle

Mailing Address _____
Street City State Zip Code Local Phone

Permanent Address _____
Street City State Zip Code Country

Age _____ Birth Date / /
Mo. Day Yr.

Indicate the term for which you are requesting in-state status: Term _____ Year _____

1. Are you a citizen of the United States? Yes No If not, are you a permanent resident? Yes No

2. List your most recent employers. Employer #1 _____ City _____ State _____ Dates / / to / /
 Employer #2 _____ City _____ State _____ Dates / / to / /

3. Did you graduate from a Colorado High School? Yes No
 Name of School _____ City _____ Date of Graduation / /
Mo. Yr.

4. List all institutions of higher education you have attended. Attach an additional page if necessary.
 Inst. #1 _____ City _____ State _____ Dates / / to / /
 Inst. #1 _____ City _____ State _____ Dates / / to / /
 Inst. #1 _____ City _____ State _____ Dates / / to / /
 Inst. #1 _____ City _____ State _____ Dates / / to / /

5. Parent/guardian name, relationship, address, and employment. Name _____ Relationship: Parent Guardian
 Street Address or P.O. Box _____
 City _____ State _____ Dates / / to / /
 Most Recent Employer _____
 City _____ State _____ Dates / / to / /

	You	NA	Your Family-Check one:
			<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
6. Dates of continuous residence in Colorado (mo./day/yr)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
7. Dates of extended absences of more than two months in duration within the past two years (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
8. Dates of employment in Colorado (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
9. List exact years for which personal resident Colorado income tax returns were filed	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
10. Dates of active duty military service (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
Dates stationed in Colorado (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
11. Dates you/your family member have had a Colorado Driver' license (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>		<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
Issue date of previous Colorado license, if applicable (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
12. List exact years of Colorado motor vehicle registration	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
13 Give state in which currently registered to vote	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
Dates of Colorado Voter registration (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
14. Dates of ownership of a home in Colorado that is your/your family member's primary residence (mo./day/yr.)	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> to <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/>
15. Are your parents separated or divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion of misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

Signature

Date

SELECTIVE SERVICE REGISTRATION CERTIFICATION

University of Colorado at Colorado Springs

Information on Selective Service registration status must be provided in order to comply with Colorado law. **All male students** born in 1960 or later must complete this form as part of their application in order to be permitted to enroll at CU-Colorado Springs.

1. I certify that I am registered with the Selective Service.

2. I certify that I am not required to register with the Selective Service because:
 - I am in the U. S. Armed Forces on active duty. (NOTE: Those who are on reserve duty or in the National Guard must still register with the Selective Service.)

 - I have not yet reached my 18th birthday. (NOTE: You must file this notice every term, if you are male, until you turn 18 and have registered with the Selective Service.)

 - I am age 26 or older as of the first day of classes for the term to which I am applying.

 - I am a non-immigrant alien lawfully admitted to the U. S.

I affirm under penalty of perjury that the information presented on this form is true and complete. (NOTE: A person may, but shall not be required to, file a statement indicating their position as a conscientious objector. The filing of this statement does not exempt one from completing this form.)

Last Name (Please Print)

First Name

Student ID # (SS #)

Signature

Date

Financial Aid Opportunities for Graduate Students

Types of Aid Available

Grants

- Colorado Graduate Grant (Available only to Colorado residents, excluding military and Olympic residents.) (Need Based.)
- UCCS Tuition Grant (Available to students paying in-state tuition, including military and Olympic residents.) (Need Based.)

Loans

- Federal Perkins Loan (5% interest rate, repayment begins 9 months after the student is no longer enrolled at least half-time.) (Need-Based.)
- Subsidized Federal Stafford Loan (Fixed interest rate of 6.8%, payment begins 6 months after the student is no longer enrolled at least half-time.) (Need Based.)
- Unsubsidized Federal Stafford Loan (Details same as subsidized, interest begins accruing immediately, whereas the interest can be capitalized at the end of the loan or paid while enrolled.) (Non-Need Based.)

Work Study

- Federal Work Study (Need Based.)

Scholarships

All scholarship information and applications are online. Additional scholarship assistance is available in the Financial Aid Office. We research directories for relevant scholarships and make applications available to students as well as offering a link to five **FREE** scholarship search services on our web page. Also, please check with the college to which you are admitted for opportunities such as internships, fellowships, and assistantships.

Graduate Diversity Scholarship

Students who meet one or more of the below criteria are encouraged to apply (Need Based.):

- Minority
- First generation college student
- Single parent
- Physical/Learning disabilities

The application and additional information are available at <http://www.uccs.edu/~finaidse/scholarship/>. **The deadline to apply is March 1st.**

Applying for Financial Aid

The FAFSA (Free Application for Federal Student Aid) is needed for all need based aid (i.e. grants, loans, work study) and for some non-need based aid (i.e. scholarships & loans):

File the [FAFSA](#) by the end of February every year. If you do not file by priority date, you may not be considered for all the aid (including work study) for which you are eligible. You may complete this at www.fafsa.ed.gov.

Student Employment

Graduate School Fellowships

These fellowships are available through nominations from individual departments. Please contact your Graduate Department Advisor for more information. (Non-Need Based.)

Job Listings

Job listings are available to students on-line through the [Student Employment Assistance Network \(SEAN's Place\)](#), which can be accessed through the Financial Aid Web Site. Work study listings (Need Based) are also accessed through Sean's Place. The FAFSA is used to apply for a work study award.

...

Please contact our office for any questions regarding Financial Aid or Student Employment.

**University of Colorado at Colorado Springs
College of Education
MA/Principal Licensure Program**

GRADUATE RECORD EXAMINATION (GRE®)

Students applying for admission to the MA in Curriculum and Instruction with emphasis in Leadership are required to submit scores from the Graduate Record Examination (GRE®) General Test taken within the past five years. Skills measured on the GRE® General Test include the test taker's ability in the following areas:

Verbal Reasoning

- analyze and evaluate written material and synthesize information obtained.
- analyze relationships among component parts of sentences.
- recognize relationships between words and concepts.

Quantitative Reasoning

- understand basic concepts of arithmetic, algebra, geometry, and data analysis.
- reason quantitatively.
- solve problems in a quantitative setting.

Analytical Writing

- articulate complex ideas clearly and effectively.
- examine claims and accompanying evidence.
- support ideas with relevant reasons and examples.
- sustain a well-focused, coherent discussion.
- control the elements of standard written English.

Study books are available at most bookstores. You may also obtain GRE booklets, including sample questions and registration forms, at Testing Center located in Main Hall 324. For more information and for testing dates, call 255-3354. You may also find information on the ETS website at <http://www.ets.org>, including opportunities to take the GRE® at your own convenience individually at an authorized testing site.

To send a copy of your scores to the College of Education you will need the following codes:

Institution Code: R4874
Department Code 3001

Send a copy of your scores to the College of Education at the following address:

**University of Colorado at Colorado Springs
College of Education – MA/Licensure Program
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918**

CAREER GOALS STATEMENT

Please submit a narrative that responds to the questions listed below. Your openness and honesty will be considered an important factor in rating your application. Please limit your narrative to 1500 words.

1. What are your reasons for applying to this program?
2. What are your professional career goals?
3. How does this program align with your goals?
4. In what ways have your life experiences, your work, and your volunteer activities prepared you for leadership?
5. What strengths do you believe will ensure your success in this program?
6. What do you bring to the program that will benefit your student colleagues?
7. What other factors do you believe are important for consideration in evaluating your application?
8. What factors might limit your ability to complete this program?

**University of Colorado at Colorado Springs
College of Education
MA/Principal Licensure Program**

MA/PRINCIPAL LICENSURE APPLICANT RECOMMENDATION

APPLICANT: The purpose for which this recommendation is being obtained is admission to the University of Colorado at Colorado Springs, Department of Leadership, Research, and Foundations. It will be received and maintained in confidence with only those individuals who are reviewing your file for possible acceptance having access to it. You may elect to inspect your letters of recommendation unless you waive your rights below.

You should submit three letters of recommendation: one from a former instructor, one from a current supervisor, and one from a professional colleague. The requirements for the letters are described in the attached form. Letters from current UCCS faculty in the Department of Leadership, Research, and Foundations (LRF) will not be accepted.

(Please Print or Type)

Applicant's Name:	Current Address:	Date of birth:
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Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of: (1) signing the proceeding waiver or (2) declining to do so.

I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

I do not agree to the waiver above.

Signature _____ Date _____

**University of Colorado at Colorado Springs
College of Education
MA/Principal Licensure Program**

MA/PRINCIPAL LICENSURE APPLICANT RECOMMENDATION

RECOMMENDER: The person who has requested a letter of recommendation from you is applying for admission to the MA/Principal Licensure program at the University of Colorado at Colorado Springs (UCCS). This applicant has requested that you provide us with a recommendation on her/his behalf.

The Department of Leadership, Research, and Foundations (LRF) admission committee values your *candid* appraisal of the applicant's ability to succeed in a Master's Degree/Principal Licensure program. Please use the ratings on the attached rating form. We have also provided a section for comments.

We appreciate your time and thoughtful response. When completed, please mail directly to:

**Ms. Cathy Archibald
ATTENTION: MA/Licensure Program
College of Education
Department of Leadership, Research, and Foundations
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918**

MA/PRINCIPAL LICENSURE APPLICANT RATING FORM

Applicant's Name (Please Print or Type)

Please rate the candidate according to the following rubric.

4=Outstanding 3=Above average 2=Average 1=Poor 0=Not observed

- | | | | | | |
|--|---|---|---|---|---|
| 1. evidence of personal character and ethics | 4 | 3 | 2 | 1 | 0 |
| 2. capacity for collaborative problem solving and project development | 4 | 3 | 2 | 1 | 0 |
| 3. demonstration of professional responsibility | 4 | 3 | 2 | 1 | 0 |
| 4. evidence of respect and value of human diversity | 4 | 3 | 2 | 1 | 0 |
| 5. commitment to improve education for all students | 4 | 3 | 2 | 1 | 0 |
| 6. willingness to assume additional responsibilities | 4 | 3 | 2 | 1 | 0 |
| 7. ability to balance professional and personal life with the demands of graduate school | 4 | 3 | 2 | 1 | 0 |
| 8. evidence of skill in written and oral communication | 4 | 3 | 2 | 1 | 0 |
| 9. ability to surmount obstacles in a positive manner | 4 | 3 | 2 | 1 | 0 |
| 10. readiness for the rigors of advanced academic study | 4 | 3 | 2 | 1 | 0 |

Recommender comments:

Recommender Name

Email

Phone

Recommender Signature

Date

**University of Colorado at Colorado Springs
College of Education
MA/Principal Licensure Program**

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(Please Print or Type)

Applicant's Name:	Current Address:	Date of birth:
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Signature _____ Date _____

I do not agree to the waiver above.

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Applicant's Name (Please Print or Type)

Please rate the candidate according to the following rubric.

4=Outstanding 3=Above average 2=Average 1=Poor 0=Not observed

1. evidence of personal character and ethics	4	3	2	1	0
2. capacity for collaborative problem solving and project development	4	3	2	1	0
3. demonstration of professional responsibility	4	3	2	1	0
4. evidence of respect and value of human diversity	4	3	2	1	0
5. commitment to improve education for all students	4	3	2	1	0
6. willingness to assume additional responsibilities	4	3	2	1	0
7. ability to balance professional and personal life with the demands of graduate school	4	3	2	1	0
8. evidence of skill in written and oral communication	4	3	2	1	0
9. ability to surmount obstacles in a positive manner	4	3	2	1	0
10. readiness for the rigors of advanced academic study	4	3	2	1	0

Recommender comments:

Recommender Name

Email

Phone

Recommender Signature

Date

**MA/Principal Licensure Program
University of Colorado at Colorado Springs
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(Please Print or Type)

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Current Address:

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Signature _____ Date _____

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Applicant's Name (Please Print or Type)

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2. capacity for collaborative problem solving and project development	4	3	2	1	0
3. demonstration of professional responsibility	4	3	2	1	0
4. evidence of respect and value of human diversity	4	3	2	1	0
5. commitment to improve education for all students	4	3	2	1	0
6. willingness to assume additional responsibilities	4	3	2	1	0
7. ability to balance professional and personal life with the demands of graduate school	4	3	2	1	0
8. evidence of skill in written and oral communication	4	3	2	1	0
9. ability to surmount obstacles in a positive manner	4	3	2	1	0
10. readiness for the rigors of advanced academic study	4	3	2	1	0

Recommender comments:

Recommender Name

Email

Phone

Recommender Signature

Date