



MARYGROVE COLLEGE
MASTER IN THE ART OF TEACHING
ONLINE MASTER'S DEGREE PROGRAMS

GRADUATE APPLICATION

I am applying for the following semester: Fall Winter Summer Year _____

Program choice:

- Master in the Art of Teaching (MAT) with a Focus on Curriculum, Instruction & Assessment, K-12
- Master in the Art of Teaching (MAT) with a Focus on Elementary Reading & Literacy, K-6
- Master in the Art of Teaching (MAT) with a Focus on Elementary Mathematics, K-5
- Master in the Art of Teaching (MAT) with a Focus on Middle Level Mathematics, 6-8

APPLICATION DEADLINES

- For Fall term: July 1**
(Semester starts in September)
- For Winter term: November 1**
(Semester starts in January)
- For Summer term: March 1**
(Semester starts in May)

Personal Information (please print)

Name - Last		First		Middle		Maiden	
Permanent Address (no P.O. Box)				Mailing Address (if different than Permanent Address - no P.O. Box)			
City		State		ZIP		City	
Home Phone (include area code)		Work Phone (include area code)			Cell Phone (include area code)		
Email Address				Alternate Email Address			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____/_____/_____		Birthplace		Social Security Number	
Ethnic Origin (Optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, Not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Other _____							
If not a U.S. resident, please give visa type and number:							
Military Service: How long in service: _____ From _____ To _____				Date of Discharge: Month _____ Year _____			

Education List all Colleges/Universities in order of attendance (if still enrolled, indicate start date)

Name of Institution	City and State	Date Attended (From - To)	Hours Completed	GPA	Degree Earned

*Note: Official transcripts from each institution of higher education are required for consideration into the MAT program. Marygrove College will accept unofficial transcripts at the time of application; however, official transcripts are required.

Employment List in chronological order with most recent first

School District/School Name	City/State/ZIP	Telephone	Subject/Grade	Dates of Employment
		()		
		()		
		()		

REQUIRED INFORMATION: Please indicate both the city and the ZIP code where you currently teach: _____

Educational Honors Received

Name of Award	Date Received

OVER



Teacher Certification Indicate your present type of teacher certification

State	Level	Type
I am certified in the following states*: (please list) _____ _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education	<input type="checkbox"/> Permanent <input type="checkbox"/> Continuing <input type="checkbox"/> Provisional <input type="checkbox"/> Other _____ (please specify)
<input type="checkbox"/> I'm not certified		

* Applicants must provide a copy of their current teaching certificate for consideration into the MAT program. Certificates expired over six months will not be considered.

Transfer of Credit

Are you planning to request transfer of credit from previous coursework? No Yes

Are the courses you are requesting to be transferred from Marygrove College individual graduate courses? **If yes**, please call toll-free 855-MATMARYGROVE for more details.

Are the courses you are requesting to be transferred from another institution? **If yes**, please enclose the Transfer Request Form, course description and course syllabi with your application. A maximum of 6 credits (or two courses) will be considered.

Collaboration Option

Course assignments require that you collaborate with other teachers. Please select one of the following:

<input type="checkbox"/> ONLINE DISCUSSION FORMAT: You will be assigned to an online cohort of 12-15 teachers with deadlines to post and respond to the online discussion board each week. If you wish to be placed in an online discussion group with other students, list your study team members: _____ _____	<input type="checkbox"/> FACE-TO-FACE COHORT FORMAT: You must apply and enroll with a group of 3-8 of your colleagues. Each group decides when and where to meet to complete the collaboration assignments each week. List your study team members: _____ _____
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Payment Method

Once registered in the Marygrove program I intend to pay via:

TMS (Tuition Management Systems) Payment Plan

Full tuition each semester via: Check Credit card

Financial Aid: Please send me information about financial aid I've completed all financial aid applications

Compliance Statement

I understand that failure to submit complete official transcripts from all schools, colleges, or universities attended may result in denial of this application or my subsequent dismissal from Marygrove College. Through my enrollment, I agree to comply with the rules and regulations in Marygrove's catalog and student handbook. Also, I agree that failure to do so may result in my dismissal. I certify that, to the best of my knowledge, all statements I have made in this application are complete and true.

Applicant's Signature: _____ Date: _____

Application Process Checklist

<p>All documents must be submitted to Marygrove College by the application deadline. No action will be taken on any application until all necessary documents are on file.</p> <p><input type="checkbox"/> Completed application, including signature, date.</p> <p><input type="checkbox"/> Official transcript(s) with degree posted for ALL undergraduate/graduate courses received directly from the college/university attended. (You may include photocopies of transcripts with your application while official transcripts are being ordered.)</p> <p><input type="checkbox"/> If your cumulative GPA is lower than 3.0, submit two (2) letters of recommendation on school letterhead, signed by administrators.</p> <p><input type="checkbox"/> Copy of your current teaching certificate.</p>	<p>Send all documents by the application deadline to:</p> <p>Marygrove College MAT Business Services 8425 West McNichols Road Detroit, MI 48221-2599</p> <p>Need more information or help? Call toll-free 855-MATMARYGROVE or email mat@marygrove.edu</p>
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