COPPIN STATE UNIVERSITY

GRADUATE ADMISSION
Send all documents and **$50.00 application fee** to:
Office of Graduate Admissions
Coppin State University
2500 West North Avenue
Baltimore, MD 21216
Phone: (410) 951-3090 Fax: (410) 951-3022
Website: www.coppin.edu
Email: GraduateAdmissions@coppin.edu

BIO-DEMO DATA: Please Type or Print

1. P.S. # _____ U.S. Social Security Number _____

2. Name: _____
Last First Middle Maiden

3. Previous name in which your academic record may be filed_____
Last First Middle

4. Mailing Address: _____
Number Street City State Zip Code

Permanent Address: _____
Number Street City State Zip Code

5. E-Mail: _____ Fax Number: (_____)_____

6. Home Telephone: (_____)_____ Work Telephone: (_____)_____

7. Date of Birth:___/___/___ 8. Marital Status: __ Single __Married 9. Sex: __Male __Female

8. Ethnic Origin: _(1) Black _(2) American Indian _(3) Asian _(4) Hispanic _(5) White _(7) Foreign

9. Are you a U.S. Citizen? __Yes __ No, If no, country of citizenship:_____Country of birth:_____

10. **Non U.S. Citizen Only**:

(A) Are you currently residing in the U.S.? Yes ☐ No ☐
(B) Native Language: _____
(C) If residing in the U.S., indicate date you arrived _____/_____ and check the type of VISA you currently hold.
Month Year

☐ Permanent Resident/Immigrant Alien (Registration Number A - _____)

☐ Non-Immigrant F-I Student Visa (SEVIS Admissions Number _____)

☐ Other classification (please specify type: i.e. refugee, visitor, diplomat, spouse of student, etc.) _____

Visa Issue Date: _____ **Visa Expiration Date**: _____

(D) **Have you taken the Test of English as a Foreign LANGUAGE (TOEFL)?** Yes ☐ No ☐

If yes, give date: _____/_____ and give score: _____.
Month Year

11. **Is Maryland your legal state of resident?** Yes ☐ No ☐
IF YES, HOW LONG HAVE YOU RESIDED IN MARYLAND: ____ years
In what Maryland County do you reside? _____

12. **Person to contact in case of emergency**:
Name: _____ Relationship: _____

Address: _____City, State, Zip _____

Telephone: (_____)_____

13. Academic Record (list in chronological order all colleges and universities attended)
Submit an Official Transcript for all Colleges attended

Name of School	Location	Attendance From - To	Date of Graduation	Degree	Major Program

14. Indicate proposed degree (check one)

- □ Doctor of Nursing Practice
- □ Master of Arts in Teaching (MAT)
- □ Master of Education in Contemporary Educational Leadership
- □ Master of Education in Curriculum and Instruction
- □ Master of Education in Curriculum and Instruction (Distance Learning Education)
- □ Master of Education in Rehabilitation Counseling
- □ Master of Education in Special Education
- □ Master of Science in Adult and Continuing Education
- □ Master of Science in Alcohol and Substance Abuse
- □ Master of Science in Criminal Justice
- □ Master of Science in Human Services Administration (Coppin/UB Collaborative)
- □ Master of Science in Nursing (Family Nurse Practitioner)
- □ Master of Science in Reading

15. Post Baccalaureate (PB) or Post Masters (PM) Certificate

- □ Post Baccalaureate Assistive Technology (RC)
- □ Post Baccalaureate Investigative Science
- □ Post Baccalaureate Job Development and Job Placement Services (RC)
- □ Post Baccalaureate Vocational Evaluation and Work Adjustment (RC)
- □ Post Master's Counseling Licensure (RC)
- □ Post Master's in Family Nurse Practitioner
- □ Post Master's Public School Administrator I
- □ Post Baccalaureate Rehabilitation Counseling

16. Semester of Enrollment: Fall Semester 20___ Spring Semester 20___ Summer Semester 20___

17. Indicate the graduate status you are seeking (check one): ___ Graduate Degree ___ Certificate

18. Indicate if you have taken or are planning to take any of the following tests typically required of graduate Programs **(Doctor of Nursing Practice applicants, please see last page)**:

___ Graduate Record Examination Date taken: _____
___ Miller Analogies Test Date taken: _____
___ PRAXIS I and II Date taken: _____
___ Other: _____ Date taken: _____

19. If you are applying for degree or Post Master (PM) status, you should list three persons who can evaluate your qualifications for pursuing graduate study. You should include a former professor and an employer or supervisor. Enclosed recommendation forms are to be sent by you to the persons you list below:.

Name	Address or E-mail	Position

20. Have you ever been convicted of a crime, other than a minor traffic violation, for which the charges have not been expunged or pardoned? ___ Yes ___ No (If yes, please explain):

_____

_____

I, _____, solemnly affirm that the information given in this application is true and correct to the best of my knowledge. I also understand that making any fraudulent statement will make my admission null and void.

Date _____ Signature _____

Make the check or money order for application fee payable to Coppin State University. Have transcripts sent directly to the Office of Graduate Admissions, Coppin State University, 2500 W. North Avenue, Baltimore, Maryland 21216.

THIS SPACE FOR USE BY ADMISSIONS

Action Taken _____

By _____ **Date** _____

RESIDENCY INFORMATION (007) **(Maryland Residents must complete the section below.)**

Applicant's Name:_____ **SSN:**_____

Do you wish to be considered for in-state tuition status? o Yes o No (If yes, follow the instructions below.)

IF ANY OF THE CATEGORIES BELOW APPLY, a. Please check the appropriate box, b. provide requested information and document, c. Skip to item 10.

o **I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or I am financially dependent upon a parent or legal guardian who is a regular employee of the University System of Maryland.**
Please indicate relationship: _____
Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.

o **I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person.** Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military _____.

If none of the above is checked, applicants seeking in-state status must complete the following questions. Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland policy on residency. The applicant may be contacted for clarification of an item or for additional information as necessary.

PLEASE CHECK ONE:

o **I am financially independent.** I have earned taxable income that covered one half or more of my total expenses for the past twelve months, and I have not been claimed as a dependent on another person's most recent income tax returns. (If checked, complete items #1-9 and sign # 10.)

o **I am financially dependent** on another person who has provided me with half or more of my total expenses for the past twelve months and/or has claimed me as a dependent on his/her most recent income tax returns.

o I am a ward of the State of Maryland. (If a ward of the State, please submit documentation and skip to item 10.)

State the name and relationship of the person upon whom the applicant is dependent._____

a. How long have you been dependent upon this person? _____
b. Is the person a resident of Maryland? o Yes o No
c. Complete address of this person: _____
d. Is this person a citizen of the United States? o Yes o No (If no, answer i-iv below.)
   i. Type of visa: _____ ii. Expiration date of visa: _____
   iii. Alien Registration No. _____ iv. Date of Issuance: _____
e. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland?
f. o Yes o No If yes, list actual years Maryland income tax returns have been filed within the past 3 years. **(Example: 2000, 2001, 2002)**
   i. Years filed: _____
   ii. If a Maryland tax return has not been filed within the last 12 months state reason (s): _____
g. Signature of this person: _____

THE STUDENT APPLICANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 - 10.

o Yes o No **1. Are you residing in Maryland primarily to attend an educational institution?**

o Yes o No **2. Permanent address:** _____
Length of time at permanent address _____ years _____ months
If less than 12 months, provide previous address: _____
_____
Length of time at previous address _____ years _____months

o Yes o No **3. Are all or substantially all of your possessions in Maryland?**

o Yes o No **4. Do you possess a valid driver's license?**
a. If yes, original date of issue_____ b. In what state? _____
c. Most recent date of issue _____ d. In what state? _____

o Yes o No **5. Do you own any motor vehicles?**
a. If yes, original date of registration? _____ b. In what state? _____
b. Most recent date of registration _____ d. In what state? _____

o Yes o No **6. Are you registered to vote?**
a. If yes, in what state? _____ b. Date of registration: _____
c. Were you previously registered to vote in another state? _____

o Yes o No **7. Have you filed a Maryland state income tax return for the most recent year? If yes, list years you have filed Maryland income tax returns within the past 3 years. (Example: 2000, 2001, 2002)**
a. Years filed: _____
b. If you did not file a tax return in Maryland within the last 12 months state reason(s):
_____

o Yes o No **8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.**
_____

o Yes o No **9. Do you receive any public assistance from a state or local agency other than one in Maryland?**
a. If yes, please explain_____

I certify that the information provided is complete and correct. I understand that Coppin State College reserves the right to request additional information if necessary. In the event the College discovers that false or misleading information has been provided, the Student Applicant may be billed by the College retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

10. _____ _____
Signature of Applicant **Date**

Coppin State University
School of Graduate Studies
Statement of Purpose

Instructions. Include your name, date and program of interest at the top of the page. The *Statement of Purpose* must be typed and should not exceed three single spaced pages in which the following items are discussed:

1. Background information. Briefly discuss relevant employment (responsibilities, positions, etc.) and previous education achievements

2. Academic and career goals. What are your immediate goals? Long-term goals?

3. Research experiences. Briefly discuss any experiences that are related to your proposed program of study.

4. Work experiences. Discuss relevant experiences that have shaped your academic and career goals.

5. Why Coppin State University? Why did you select graduate studies at Coppin State University?

Please Note: Doctor of Nursing Practice Applicants

1. Must submit evidence:
   (A) State of RN Licensure: _____ (B) Expiration Date of RN License _____

2. Indicate which test/examinations you have taken for National Certification:

   ___ National Certification Examination Exam Name: _____ Date Taken: _____

ALL APPLICANTS: Please review application carefully for accuracy and completion of information.
Sign and date on page 2 where indicated.

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Baltimore Maryland 21216

COPPIN STATE UNIVERSITY

The Graduate School
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Baltimore, Maryland 21216
(410) 951-3090

Letter of Recommendation to Supplement Application for Admission

THIS SECTION TO BE COMPLETED BY APPLICANT BEFORE FORM IS GIVEN TO WRITER OF RECOMMENDATION.

Name of applicant_____ Social Security #_____

Degree sought_____ Department_____ Major/Specialization_____

I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential.

Notice about confidentiality: Public Law 93-390, the Family Education Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Coppin State University. To ensure confidentiality of information within the spirit of the law, Coppin will use this form for the purpose of admission only. The professional reference and any other subjective supplemental statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Coppin. Your comments are valuable. The appraisals of the applicant will greatly assist the Admissions Committee in reaching a decision in his/her best interest.

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Original signature of applicant (photocopied signature not acceptable) Date

Please rate the applicant. Compare with others of like experience and position. Recommendation letters are accepted and must accompany this form.

Public Law 93-380 permits the student to inspect this recommendation if the above waiver is not signed.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis For Judgment
Intellectual achievement						
General knowledge						
Oral communication skills						
Written communication skills						
Working with others						
Emotional maturity						
Imagination/creativity						

Context in which I have known applicant_____ from_____to_____
(As instructor, advisor, supervisor, etc)

General assessment of overall academic ability: Of the approximately _____ persons at a complete educational or professional level that I have know in recent years, I would rate this applicant in the upper_____ percent.

PLEASE NOTE: The individual completing the statement below must include the requested information, or provide a letter of reference (on letterhead) and an original signature. In addition, please write a statement below indicating your opinion of the applicant's ability to pursue advanced studies and achieve professional success in the field of desired. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Use reverse side if necessary.

Name_____ Original Signature_____ Date_____

Position_____ Phone_____ Email _____

Return Application and/or Forms to:

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