Dear Prospective Student:

Thank you for your interest in Graduate Studies at Coppin State University. We are available to assist you in completing the enrollment process.

The following information is required to complete the application process:

- Official copies of all college/university work
- Three letters of professional reference
- Resume
- Statement of Purpose
- Evidence of in-state residency such as:
  - Certified Maryland state income tax return form 502
  - Copy of Maryland driver's license
  - (Other evidence of in-state residency)
- Official GRE scores (no older than 5 years): Required for Master of Education in Curriculum & Instruction
- Official Praxis scores: Required for Master of Education in Curriculum & Instruction, Master of Arts in Teaching, Special Education
- Completed, signed admissions application
- Non-refundable $50.00 application fee

Under defined conditions, students may be granted conditional admit status if the GRE or Praxis requirement is not met at the time of admission. However, it is important that you submit the required documents as soon as possible to expedite full application review. The deadlines for the submission of all documents are **May 15** for the Fall semester and **October 15** for the Spring semester. The deadline for submission of a full application for the Doctor of Nursing Practice program is **July 15**. See application for additional requirements for the Doctor of Nursing Practice program.

**Please note:** Applications are accepted throughout the year; however, late applications may not be processed in time for degree-seeking status in the desired semester. You may contact us for further information: 410-951-3090 (phone) or via GraduateStudies@coppin.edu (email). We can also be found on Facebook at www.facebook.com/CSUGraduateStudies.

We are honored that you have chosen Graduate Studies at Coppin State University to prepare for the achievement of academic and professional goals.

Sincerely,

Mary E. Owens-Southall, Ph.D.
Dean, School of Graduate Studies
BIO-DEMO DATA

1. P.S. #: ____________________________  U.S. Social Security Number: ____________________________

2. Name: ____________________________
   (Last, First, Middle)

3. Previous name under which your academic record may be filed: ____________________________
   (Last, First, Middle)

4. Mailing Address: ____________________________
   (Street; City, State; ZIP Code)

5. E-Mail Address: ____________________________  Fax Number: ____________________________

6. Phone (Home): ____________________________  Phone (Mobile): ____________________________  Phone (Work): ____________________________

7. Date of Birth: ____________________________  Marital Status: [ ] Single  [ ] Married  Sex: [ ] Male  [ ] Female
   (Month/Day/Year)


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:
       [ ] 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: ____________________________

11. Is Maryland your legal state of residence? [ ] Yes  [ ] No
    IF YES, HOW LONG HAVE YOU RESIDED IN MARYLAND? ____________________________
    In what Maryland County do you reside? ____________________________

12. Person to contact in case of emergency:
    Name: ____________________________  Relationship: ____________________________
    Address: ____________________________  City, State, ZIP Code: ____________________________
    Telephone: ____________________________

REVISED 7/2017
13. Academic Record (list in chronological order ALL colleges and universities attended)

Submit and official transcript for all colleges attended

<table>
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<tr>
<th>Name of School</th>
<th>Location</th>
<th>Attendance From – To</th>
<th>Date of Graduation</th>
<th>Degree</th>
<th>Major Program</th>
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14. Indicate proposed degree:

- [ ] Doctor of Nursing Practice
- [ ] Master of Arts in Teaching
- [ ] Master of Education in Contemporary Educational Leadership
- [ ] 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 Addictions Counseling
- [ ] Master of Science in Adult and Continuing Education
- [ ] Master of Science in Criminal Justice and Law Enforcement
- [ ] Master of Science in Human Services Administration (Coppin/UB Collaborative)
- [ ] Master of Science in Nursing
- [ ] Master of Science in Reading (inactive)

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

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

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

17. Indicate the graduate status you are seeking:  [ ] 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 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 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Position</th>
</tr>
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<tbody>
<tr>
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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 School of Graduate Studies, Coppin State University, 2500 West North Avenue, Baltimore, MD 21216.

____________________________________________________________________________

THIS SPACE FOR USE BY ADMISSIONS

Action Taken

By ____________________  Date ____________________

REVISED 7/2017
RESIDENCY CLASSIFICATION INFORMATION

Are you a legal resident of Maryland?

☐ Yes. If yes, print County of residence or Baltimore City below.

☐ No. If no, print your State of residence below and skip to Section IV.

SSN: __________________________ Date: __________________________

All applicants for admission who are claiming Maryland residency for tuition purposes must complete the Residency Information section if you wish to be considered for Maryland In-state tuition. You must answer every question. The University reserves the right to request additional information if necessary and to adjust charges should circumstances warrant. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event that students are misclassified, the University reserves the right to bill at the out-of-state rate for the current and subsequent semesters.

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

Do you wish to be considered for in-state tuition status? ☐ Yes ☐ No (If yes, you must complete this section of the application.)

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, AND GO TO ITEM 10 on the back of this page.

☐ I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or 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.

☐ 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 leasees (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 ________________________________

☐ I am a veteran of the United States Armed Forces who resides in Maryland and received an honorable discharge. Please attach proof of honorable discharge.

☐ I am a veteran of the U.S. Armed Forces residing in Maryland. Please submit a copy of your DD214. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.

☐ I am the spouse or child of a veteran of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C.§ 3311(b)(9) or 3319) and living in Maryland. Please submit a copy of the veteran’s DD214 and a copy of your Certificate of Eligibility.

☐ I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT 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:

☐ I am financially independent. I provide 50% or more of my own living and educational expenses and I have not been claimed as a dependent on another person’s most recent income tax returns.

☐ I am financially dependent on another person who has claimed me as a dependent on his/her most recent income tax returns, or I am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to Item 10.
   Name of person upon whom dependent and relationship to applicant: ________________________________
   a. How long have you been dependent upon this person? ________________________________

   b. Is the person a resident of Maryland? ☐ Yes ☐ No
      Address of this person: ________________________________

   c. Has this person claimed you as a dependent on their most recent tax returns? ☐ Yes ☐ No

   d. 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? ☐ Yes ☐ No
      i. If a Maryland tax return has not been filed within the last 12 months, state reason(s): ________________________________

   e. Signature of this person: ________________________________

(Continued on other side)
The Student Applicant is responsible for completing items 1 - 10.

1. 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

2. Did you move to Maryland primarily to attend an educational institution? □ Yes □ No

3. Are all, or substantially all of your possessions in Maryland? □ Yes □ No

4. Do you possess a valid driver's license?
   a. If yes, in what state? ______________________
   b. If Maryland, initial date of issue ____________ and if applicable, renewal date ____________.
   c. Have you possessed a driver's license in a state other than Maryland within the last 12 months? □ Yes □ No

5. Do you own any motor vehicles?
   a. If yes, in what state(s)? ______________________
   b. If Maryland, initial date(s) of registration ____________ and if applicable, renewal date(s) ____________.
   c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months? □ Yes □ No

6. Are you registered to vote?
   a. If yes, in what state? ______________________

7. Have you filed a Maryland state income tax return for the most recent year?
   If a Maryland tax return has not been filed within the last 12 months, state reason(s):

8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.

9. Do you receive any public assistance from a state or local agency other than one in Maryland?
   a. If yes, please indicate type and issuing state:

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

10. _______________________________                     ________________________
     Signature of Applicant                     Date

RESIDENCY DECISION (Office Use Only):

INITIALS: ___________________ DATE: ______________________

□ RM
□ NM
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/examination 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.

Send all documents and $50.00 application fee to:
   Coppin State University
   School of Graduate Studies
   2500 West North Avenue
   Baltimore, MD  21216

REVISED 7/2017
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: ___________________________ Dept.: ___________________________ 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 93-380, 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.

Origial signature of applicant (photocopied signature not acceptable)

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

Public Law 93-390 permits the student to inspect this recommendation if the above waiver is not signed.

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Context in which I have known applicant: ____________ From: ____________ to ____________

(As instructor, advisor, supervisor, etc.)

General assessment of overall academic activity: Of the approximately ______ persons at a complete educational or professional level that I have known 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 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: ___________________________
Phone: ___________________________ Email: ___________________________

Return Application and/or Forms to:
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Original signature of applicant (photocopied signature not acceptable)

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Please note: Doctor of Nursing Practice Applicants

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   2500 West North Avenue
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REVISED 7/2017
## Graduate Program Coordinators

<table>
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<tr>
<th>PROGRAM</th>
<th>LOCATION</th>
<th>CONTACT PERSON</th>
<th>PHONE</th>
<th>EMAIL</th>
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<tbody>
<tr>
<td>Master of Science in Addictions Counseling (ADDT)</td>
<td>HHSB, 3rd FL., Rm. 338</td>
<td>Dr. David Graham, Coordinator</td>
<td>410-951-3097</td>
<td><a href="mailto:dgraham@coppin.edu">dgraham@coppin.edu</a></td>
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<tr>
<td></td>
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<td>Cheryl Gross – Assistant, ext. 3513</td>
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<tr>
<td>Master of Science in Adult and Continuing Education (ADLT)</td>
<td>GHJ, 7th FL., Rm. 704</td>
<td>Dr. Jacqueline Williams, Chairperson</td>
<td>410-951-6481</td>
<td><a href="mailto:jwilliams@coppin.edu">jwilliams@coppin.edu</a></td>
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<tr>
<td></td>
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<td>Victoria Johnson – Assistant, ext. 3028</td>
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<tr>
<td>Master of Education in Contemporary Educational Leadership (MCEL)</td>
<td>HHSB, 5th FL., Rm. 532</td>
<td>Dr. Michael Berlin, Coordinator</td>
<td>410-951-3046</td>
<td><a href="mailto:mberlin@coppin.edu">mberlin@coppin.edu</a></td>
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<td></td>
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<td>Carolyn Robertson – Assistant, ext. 3044</td>
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<tr>
<td>Master of Education in Curriculum &amp; Instruction (CUIN)</td>
<td>GHJ, 7th FL., Rm. 704</td>
<td>Dr. Jacqueline Williams, Chairperson</td>
<td>410-951-6481</td>
<td><a href="mailto:jwilliams@coppin.edu">jwilliams@coppin.edu</a></td>
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<td>Victoria Johnson – Assistant, ext. 3028</td>
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<tr>
<td>Doctor of Nursing Practice (DNP)</td>
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<td>410-951-3975</td>
<td><a href="mailto:jtilghman@coppin.edu">jtilghman@coppin.edu</a></td>
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<tr>
<td>Master of Science in Human Services Administration (HSAD)</td>
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<td>Dr. John Hudgings, Coordinator</td>
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<td><a href="mailto:jhudgings@coppin.edu">jhudgings@coppin.edu</a></td>
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<tr>
<td>Master of Arts in Teaching (MAT)</td>
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<td>Dr. Juanita Ashby-Bey, Chairperson</td>
<td>410-951-3552</td>
<td><a href="mailto:jashby-bey@coppin.edu">jashby-bey@coppin.edu</a></td>
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<tr>
<td>Master of Science in Nursing (MSN)</td>
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<td>Dr. Robin Reese, Chairperson</td>
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<td><a href="mailto:reese@coppin.edu">reese@coppin.edu</a></td>
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<tr>
<td>Master of Education in Rehabilitation Counseling (REHB)</td>
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<td>Dr. Janet Spry, Coordinator</td>
<td>410-951-3514</td>
<td><a href="mailto:jspry@coppin.edu">jspry@coppin.edu</a></td>
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<td>Master of Education in Special Education (SPED)</td>
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FALL 2018 & SPRING 2019  
(PER SEMESTER COST)

FEES: PER CREDIT HOUR CHARGE

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Assessment Technology Exam Fee | TBA | CHP Course Related Fees | TBA

GRADUATE

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DOCTORATE (NURSING PRACTITIONER PROGRAM ONLY)

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The 2018-2019 rates have been approved by state legislation and the University System of Maryland Board of Regents.

"Coppin State University reserves the right to adjust tuition, fees and other charges when deemed necessary, without notice, by the institution and the University System of Maryland's Board of Regents."