Thank you for your interest in the University of Mary Washington.

You may complete the enclosed application or submit an online application, but be sure all requirements listed in sections 1, 2, and 3 below have been completed. The online applications and forms are available at admissions.umw.edu/graduate.

1. Complete all forms listed below and submit with your application fee:
   - Application (Don’t forget to sign!)
   - Honor System Agreement
   - Virginia In-State Tuition Form

2. Submit the following:
   - Essay questions (See instructions on application.)
   - Résumé of your work experience
   - Passing Praxis I scores or applicable SAT, ACT, and/or VCLA scores (initial licensure applicants only)
   - Passing Praxis II scores (Recommended, initial licensure applicants only)
   - Copy of Virginia teacher’s license (professional development or added endorsement applicants only)
   - Three letters of recommendation (For education leadership applicants only. Distribute to at least one supervisor.)

3. Send a transcript request to all the colleges you’ve attended:
   - Request official transcripts from each and every college or university you attended, even if the courses were transferred elsewhere. Duplicate the enclosed form if necessary.
   - There may be a fee, so be sure to call, email, or check the website for each institution prior to sending the transcript request form.

4. Mail or deliver to:
   University of Mary Washington
   Office of Admissions
   121 University Blvd.
   Fredericksburg, VA 22406-7239

Note: A faculty-initiated interview may be required. The Faculty Admission Committee will review your application with the following criteria in mind: knowledge of content in endorsement area, commitment to teaching, understanding of the responsibilities inherent in teaching, skills in communication, and potential for success in graduate school.

Please call the Office of Admissions at 540/286-8030 or email graduate@umw.edu with your questions.

Monday through Thursday, 8:30 a.m. - 6:30 p.m.; Friday, 8:30 a.m. - 5 p.m.
GRADUATE EDUCATION PROGRAMS
APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT in the information below and return this form with your $50 non-refundable application fee to:
University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406-7239
540/286-8030 • Fax: 540/286-8085 • Email: graduate@umw.edu

For the term beginning  ☐ Fall  ☐ Spring  ☐ Summer   Year__________

Education program you are applying for:
☐ Master of Education with Initial Teacher Licensure
☐ Master of Education – Advanced Programs for Licensed Teachers
☐ Postgraduate Programs for Professional Development or Added Endorsement (Educational Leadership, Gifted Education, Literacy Specialist, Special Education, Teaching English as a Second Language)
☐ Certificates (Autism, Teaching English as a Second or Foreign Language)
☐ Other ______________________

PERSONAL DATA

Legal Name ____________________________
Enter name exactly as it appears on passports or other official documents.

Last/Family First Middle (complete) Jr., etc.

Prefer to be called (nickname) ________________________ Former last name(s) if any

Email Address ____________________________

Home Phone ____________________________
(Area Code) ____________________________
Number

Cell Phone ____________________________
(Area Code) ____________________________
Number

Work Phone ____________________________
(Area Code) ____________________________
Number

Mailing Address ____________________________
Number and Street

City or Town ____________________________
State ____________________________
Country ____________________________
ZIP Code or Postal Code ____________________________

Best way and time to contact me:________________

Occupation ____________________________

Employer ____________________________

Do you plan to use tuition reimbursement from your employer? ☐ Yes ☐ No

Are you applying for a graduate assistant position? ☐ Yes ☐ No

Are you applying for conditional admission through the ELS Language Center? ☐ Yes ☐ No

Citizenship: ☐ U.S. citizen ☐ Dual U.S. citizen; please specify other country of citizenship

☐ U.S. Permanent Resident visa; citizen of
☐ Other citizenship - Country: ____________________________ Visa type: ____________________________

All non-citizens are required to include documentation of their status with their application.

Do you wish to apply for Virginia in-state tuition (based on Virginia domicile)? ☐ Yes ☐ No

If yes, please state your Virginia city or county of residence. ____________________________

If yes, include the completed Application for Virginia In-State Tuition Rates with your application for admission.

The following items are optional. Answers to these questions will not be used in a discriminatory manner.

Sex: ☐ Female ☐ Male Birth date ____________________________

Social Security number (Excluding your Social Security number may delay the registration process)

If you wish to be identified with a particular race or ethnic group, please select the one that best describes you:
☐ African American, Black ☐ Asian or Pacific Islander ☐ White, Non-Hispanic

☐ Native American, Alaska Native ☐ Hispanic or Latino ☐ Multiracial

Are you Hispanic/Latino? ☐ Yes, Hispanic or Latino (including Spain) ☐ No Please describe your background ____________________________

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:
☐ American Indian or Alaska Native (including all Original Peoples of the Americas) Please describe your background ____________________________

☐ Are you enrolled? ☐ Yes ☐ No Please enter tribal enrollment number ____________________________

☐ Asian (including Indian subcontinent and Philippines) Please describe your background ____________________________

☐ Black or African American (including Africa and Caribbean) Please describe your background ____________________________

☐ Native Hawaiian or Other Pacific Islander (Original Peoples) Please describe your background ____________________________

☐ White (including Middle Eastern) Please describe your background ____________________________

How did you learn of University of Mary Washington?
☐ Newspaper ☐ Information Session ☐ Friend or Colleague ☐ Radio ☐ Other ____________________________
GRADUATE EDUCATION PROGRAMS
APPLICATION FOR ADMISSION

EDUCATION
Please mark your highest level of education:
☐ Bachelor’s Degree  ☐ Master’s Degree  ☐ Post Master’s or Certificate  ☐ Graduate, level unknown  ☐ Doctorate
List the dates you took or plan to take Praxis I (teacher licensure candidates only):
Please provide a copy of your official Praxis I scores or qualifying SAT, ACT, or VCLA scores.
List all colleges and universities attended (full- or part-time) beginning with the current or most recent – including UMW. 
Transcripts from all schools listed are required for admission.

<table>
<thead>
<tr>
<th>College or University</th>
<th>Location-City/State</th>
<th>Dates of Attendance</th>
<th>Degree Earned</th>
<th>Name when enrolled</th>
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ENROLLMENT
Do you have a Virginia collegiate professional or graduate professional teaching license?  ☐ Yes  ☐ No
What endorsement?  __________________________ Date license expires: _________________
Provide evidence of teaching license on college/university transcript, letter from school system, or copy of license certificate.

I plan to be a:  ☐ Part-time student  ☐ Full-time student

PROGRAM
A) M.Ed. INITIAL TEACHER LICENSURE
Please check below the endorsement you plan to pursue.

☐ Elementary  ☐ Secondary
☐ Middle  ☐ Secondary
Choose one from list:
☐ English  ☐ English
☐ History and Social Sciences  ☐ History and Social Sciences
☐ Mathematics  ☐ Mathematics
☐ Science  ☐ Science

☐ Pre K–12
Choose one from the list:
☐ English  ☐ English
☐ History and Social Sciences  ☐ History and Social Sciences
☐ Mathematics  ☐ Mathematics
☐ Physics  ☐ Physics

B) M.Ed. FOR LICENSED TEACHERS
☐ Diverse Student Population  ☐ Special Education
☐ Educational Leadership  ☐ General Curriculum
☐ Literacy Specialist  ☐ Adapted Curriculum

☐ Teaching English as a Second Language

C) POSTGRADUATE PROGRAMS
☐ Educational Leadership  ☐ Special Education
☐ Gifted Education  ☐ General Curriculum
☐ Literacy Specialist  ☐ Adapted Curriculum

☐ Teaching English as a Second Language

D) CERTIFICATES
☐ Autism  ☐ Teaching English as a Second or Foreign Language

Have you ever applied to or attended UMW?  ☐ Yes  ☐ No
Have you ever been convicted of a crime other than a traffic violation?  ☐ Yes  ☐ No
Have you ever been convicted of a felony?  ☐ Yes  ☐ No
Have you ever been convicted of a misdemeanor involving children or drugs?  ☐ Yes  ☐ No
If yes, please attach an explanation.
### Essay Questions

Response should be two to three typed, double-spaced pages for each essay.

#### Initial Teacher Licensure with M.Ed. Option

a) Why are you seeking teaching credentials? Why do you feel qualified to teach the subject/grade level of the endorsement you seek?

b) Discuss a current issue in education and why you think it is important. Support your stance.

#### M.Ed. for Licensed Teachers, Certificate, and Postgraduate Applicants

a) What do you hope to gain from the M.Ed. program? What contributions do you feel you can make to the program as a participant?

b) Select a current instructional issue and discuss why you believe it is important. Support your stance.

#### Educational Leadership

a) Discuss a current issue in education that you might face as an educational leader.

b) Write a statement of purpose in which you discuss your current and future leadership goals. Include in your response background experiences (personal and professional) that helped prepare you for a career in this field.

Include a résumé (no more than three typed pages) of your education and your paid and volunteer work experiences.

### The Honor System: A Way of Life at UMW

The Honor System is fundamentally a code of personal integrity. It means that students of the University of Mary Washington accept the challenge to make their word of honor a pledge of absolute truthfulness in all matters that fall within the Honor Code. It is a commitment to a way of life characterized by loyalty to the highest ideals of individual and collective ethical responsibility. — Dr. Edward Alvey, Dean Emeritus

#### Statement of Non-Discrimination

The University of Mary Washington subscribes to the principles of equal opportunity and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliation, marital status, sexual orientation, sex, or age in recruiting, admitting, and enrolling students or in hiring faculty and staff members. The University will not recognize or condone student, faculty, or staff organizations that discriminate in selecting members. Complaints of discrimination or questions should be directed to the AA/EEO Officer of the University.

#### Community Values

Several elements contribute significantly to the fulfillment of the University’s mission. One is the encouragement of, and respect for, individual and cultural diversity. The University also insists upon an atmosphere of civility and tolerance consistent with the ideals of a community of scholars. Toward that end, the University embraces a statement of community values and expectations concerning the behavior of its members. This statement declares that:

- The importance of personal integrity as reflected in adherence to the Honor Code,
- The right of every individual to be treated with dignity and respect at all times,
- The acceptance of and respect for diversity in our community and adherence to the University’s Statement of Non-Discrimination, and
- The freedom of intellectual inquiry in the pursuit of truth.

As members of the University community, we refuse to tolerate behavior that in any way compromises or threatens these values.

PLEASE READ THE HONOR CONSTITUTION:
[students.umw.edu/honor-system](students.umw.edu/honor-system)

### UMW Honor Pledge and Terms of Application

I, as a student at the University of Mary Washington, do hereby accept the Honor System. I have read the information about the Honor System, understand it, and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying the facts. I acknowledge that, in support of the Honor System, it is my responsibility to report any violations of the Honor Code of which I am aware, and that it is my duty to participate as an honor trial juror if called upon to serve, unless officially excused.

I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable, and that such a violation could result in my permanent dismissal from the University. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

I acknowledge responsibility for all tuition and fees resulting from my acceptance of an offer of admission to the University of Mary Washington.

Applicant’s Signature ____________________________ Date ____________

**IMPORTANT:** Please reread this application and make sure that all blanks have been filled in. Incomplete forms will be returned, and the processing of your application may be delayed.
Application for Virginia In-State Tuition Rates

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. *All questions must be answered.*

**Section A - Student Information**

1) Name of applicant ____________________________________________ 4) Citizenship □ U.S. □ U.S. permanent resident □ Non-U.S.
    Last First Middle □ U.S. permanent resident □ Non-U.S. Please specify visa type _______ Exp. date _______ *(Please provide copy of I-94)*

2) Social Security number (Optional) ____________________________ 5) How long have you lived in Virginia? _____ year(s) _______ month(s)

3) Date of birth ____________________________________________

6) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)
   Street address ____________________________________________
   City ____________________________________________________
   State __________ ZIP code __________
   From _______ To _______

7) Employment information for at least one year prior to the date for which in-state tuition rates are sought *(If not employed, or if retired, please indicate.)*:
   Street address ____________________________________________
   City ____________________________________________________
   State __________ ZIP code __________
   From _______ To _______

8) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? □ Yes □ No

9) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse’s domicile? □ Yes □ No
    b.) If yes, does your spouse provide more than 50% of your financial support? □ Yes □ No

10) Do any of the following characteristics apply to you? 
    Place a check beside all that apply.
    □ Age 24 or older as of the first day of the term in which you intend to enroll
    □ Veteran or active duty member of the U.S. Armed Forces
    □ Graduate or first-professional student
    □ Ward of the court or was a ward of the court until age 18
    □ If both parents are deceased, no adoptive or legal guardian
    □ Legal dependents other than a spouse

11) In the last tax year did you file a state return to any state other than Virginia? □ Yes □ No
     If yes, please explain: ____________________________

12) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? □ Yes □ No
     If no, please explain: ____________________________

13) Are you a registered voter in Virginia?
    Date registered _______ Original _______ Re-registered _______
    □ Yes □ No

14) Do you hold a valid Virginia driver’s license?
    Date issued _______ Original _______ Renewal _______
    If no, indicate your driver’s license status: ____________________________
    □ Yes □ No

15) Did you own or operate a motor vehicle registered in Virginia during the last year? □ Yes □ No
    If no, indicate registration status: 
    Registered in another state _______
    Did NOT own or operate a motor vehicle _______

16) Are you or is your spouse an active duty member of the U.S. armed forces? □ Yes □ No
    If yes, who is a member? Self _______ Spouse _______
    and answer the following:
    a.) Are Virginia income taxes paid on all military income? □ Yes □ No
    If yes, as of what date? ____________________________
    Where were you stationed on that date? ____________________________
    Please submit a copy of the most recent leave and earnings statement.
    b.) If you are in the military, or if your spouse is, are you assigned to a permanent duty station in Virginia? □ Yes □ No
    If yes, as of what date? ____________________________
    Where are you stationed? ____________________________
    Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.

17) Answer this question only if you live outside Virginia but work in Virginia:
    Will you have lived outside Virginia, been employed in Virginia, earned at least $15,080, and paid Virginia income taxes on all taxable income earned in this Commonwealth, for at least one year prior to the term in which you will enroll? □ Yes □ No
    If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.

I certify under penalty of disciplinary action that the information I have provided is true.

__________________________________________________________
Signature of applicant

__________________________________________________________
Date
Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant’s parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the 12 months immediately preceding the first day of classes, has provided more than half of the applicant’s financial support.

1) Name of □ parent □ legal guardian □ spouse __________________________________________________________________________

2) How long have you lived in Virginia? _______ year(s) ________month(s)

3) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

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<tr>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
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</table>

4) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

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<tr>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
<th>From</th>
<th>To</th>
<th>Full-time/part-time</th>
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</table>

5) In the last tax year, did you file a state return to any state other than Virginia? If yes, please explain: ________________ Yes □ No □

6) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? If no, please explain: ________________ Yes □ No □

7) Will you have provided more than half of the applicant’s financial support for at least 12 months prior to the term in which the applicant will enroll? If no, please explain: ________________ Yes □ No □

8) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? If no, please explain: ________________ Yes □ No □

9) Are you a registered voter in Virginia? Date registered _____ Original ________ Re-registered _____ Yes □ No □

   If no, indicate your registration status:
   Registered in another state _____ Not registered _____

10) Do you hold a valid Virginia driver’s license? Date issued ________ Original ________ Renewal ________ Yes □ No □

   If no, indicate your driver’s license status:
   Hold in another state _____ Not licensed _____

11) Did you own or operate a motor vehicle registered in Virginia during the last year? If no, indicate your auto registration status:

   Yes □ No □

   Registered in another state _____ Did NOT own or operate a motor vehicle _____

12) Are you or is your spouse an active duty member of the U.S. armed forces? Yes □ No □

   If no, continue to Question 13.

   If yes, who is a member? Self _____ Spouse _____ and answer the following:

   a.) Are Virginia income taxes paid on all military income? Yes □ No □

   Where were you stationed on that date? ________________

   Please submit a copy of the most recent leave and earnings statement.

   b.) Are you or your active-duty spouse assigned to a permanent duty station in Virginia? Yes □ No □

   If yes, as of what date? ________________

   Where are you stationed? ________________

   Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant’s relationship to the military member.

13) Answer this question only if you live outside Virginia but work in Virginia:

   Will you have lived outside Virginia, been employed in Virginia, earned at least $15,080, and paid Virginia income taxes on all taxable income earned in this commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? Yes □ No □

   If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.

I certify that the information I have provided is true.

Signature of applicant __________________________________ Date ____________
To the student: Fill out this form completely and mail to all colleges and universities you have attended. There may be a fee, so be sure to call or email each institution prior to sending this transcript request form. Duplicate as needed.

To the institution: Please send a copy of an official transcript to:
University of Mary Washington
Office of Admissions
121 University Blvd.
Fredericksburg, VA 22406-7239

☐ Also, please send an unofficial transcript for my personal use to the mailing address below.
I have included a transcript request fee of $ _____________________

Social Security number (Optional)____________________________________   Today’s date _____________________

Name __________________________________________________________________________________________

First                                                              Middle                                                                Last

Previous name _____________________________________________________________________________________

Address __________________________________________________________________________________________

City _____________________________________________________ State ___________ ZIP _____________________

Phone __________________________________________________________________________________________

Dates I attended ___________________________ Year of graduation (if applicable) ______________________________

Signature                                                                                                           Date
TO BE COMPLETED BY APPLICANT

Applicant: ___________________________________________________ SSN (optional): ____________________________

Name of person recommending applicant: ________________________________________________________________

The Family Educational Rights and Privacy Act of 1974 as amended by PL 93-380 allows candidates for admission to waive their right of access to confidential recommendations. While we do not require that you waive your right to read this recommendation, we do believe that such a waiver encourages a more candid and useful recommendation. If you agree to waive your right to see this recommendation, please sign the statement below.

I hereby waive my right of access to this recommendation and any appropriate attachments. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to a graduate degree or certificate program.

Applicant's Signature: ___________________________________________________ Date: ____________________________

TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to a graduate program at the University of Mary Washington. Your candid assessment of this applicant will greatly assist us in making a decision that is best for both the applicant and the program. We appreciate your time and effort in providing this recommendation.

When you have completed the recommendation, please do the following:

1. Mail, fax, or email the recommendation directly to the University,
   Or
2. Seal the recommendation in the envelope, sign your name across the flap, and return it to the applicant.

How long have you known the applicant? _____________________________________________________________________________________

I have known this applicant as an/a:  

☐ Undergraduate student ☐ Graduate student ☐ Co-worker ☐ Employee ☐ Other

I have served as the applicant’s:

☐ Direct Supervisor ☐ Instructor ☐ Employer ☐ Co-worker ☐ Other
Please give us your appraisal of the applicant in terms of the qualities below. Rate the applicant in comparison to other graduate school applicants, school administrators, or other representative groups you have known.

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<th>Quality</th>
<th>Top 5% Exceptional</th>
<th>Top 25% Above Average</th>
<th>Average</th>
<th>Lower 25% Below Average</th>
<th>Not Observed</th>
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<td>Integrity</td>
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<td>Motivation for graduate work</td>
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<td>Professional commitment</td>
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<td>Ability to solve problems</td>
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<td>Organizational skills</td>
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<td>Ability to motivate self and others</td>
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<tr>
<td>Intellectual ability</td>
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What do you consider to be the applicant’s particular strengths or talents?

_________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________

Please feel welcome to add any additional comments regarding the applicant’s strengths and/or weaknesses in regard to completing a graduate degree program.

_________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________

Do you recommend this applicant for admission to a graduate degree program?

☐ Strongly recommend  ☐ Recommend  ☐ Recommend with reservation  ☐ Do not recommend

May we contact you regarding this applicant?  ☐ Yes  ☐ No

Signature: _____________________________ Date: _____________________________

Printed Name: _____________________________ Title: _____________________________

Organization: ____________________________________________________________________________________

Email: _____________________________ Phone: _____________________________
TO BE COMPLETED BY APPLICANT

Applicant: ______________________________________________________ SSN (optional): ________________________________

Name of person recommending applicant: ________________________________________________________________

The Family Educational Rights and Privacy Act of 1974 as amended by PL 93-380 allows candidates for admission to waive their right of access to confidential recommendations. While we do not require that you waive your right to read this recommendation, we do believe that such a waiver encourages a more candid and useful recommendation. If you agree to waive your right to see this recommendation, please sign the statement below.

I hereby waive my right of access to this recommendation and any appropriate attachments. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to a graduate degree or certificate program.

Applicant’s Signature: ____________________________________________ Date: _______________________

TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to a graduate program at the University of Mary Washington. Your candid assessment of this applicant will greatly assist us in making a decision that is best for both the applicant and the program. We appreciate your time and effort in providing this recommendation.

When you have completed the recommendation, please do the following:

1. Mail, fax, or email the recommendation directly to the University,

   Or

2. Seal the recommendation in the envelope, sign your name across the flap, and return it to the applicant.

How long have you known the applicant? _____________________________________________________________________________________

I have known this applicant as an/a:

☐ Undergraduate student ☐ Graduate student ☐ Co-worker ☐ Employee ☐ Other

I have served as the applicant’s:

☐ Direct Supervisor ☐ Instructor ☐ Employer ☐ Co-worker ☐ Other

(over please)
Please give us your appraisal of the applicant in terms of the qualities below. Rate the applicant in comparison to other graduate school applicants, school administrators, or other representative groups you have known.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Top 5%</th>
<th>Top 25% Above Average</th>
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What do you consider to be the applicant’s particular strengths or talents?

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Please feel welcome to add any additional comments regarding the applicant’s strengths and/or weaknesses in regard to completing a graduate degree program.

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Do you recommend this applicant for admission to a graduate degree program?

☐ Strongly recommend  ☐ Recommend  ☐ Recommend with reservation  ☐ Do not recommend

May we contact you regarding this applicant?

☐ Yes  ☐ No

Signature: ___________________________  Date: ___________________________

Printed Name: ___________________________  Title: ___________________________

Organization: ___________________________________________________________

Email ___________________________________________  Phone: ___________________________________________
TO BE COMPLETED BY APPLICANT

Applicant: ____________________________________________________________
SSN (optional): ______________________________________________________

Name of person recommending applicant: __________________________________

The Family Educational Rights and Privacy Act of 1974 as amended by PL 93-380 allows candidates for admission to waive their right of access to confidential recommendations. While we do not require that you waive your right to read this recommendation, we do believe that such a waiver encourages a more candid and useful recommendation. If you agree to waive your right to see this recommendation, please sign the statement below.

I hereby waive my right of access to this recommendation and any appropriate attachments. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to a graduate degree or certificate program.

Applicant’s Signature: __________________________ Date: ___________________

TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to a graduate program at the University of Mary Washington. Your candid assessment of this applicant will greatly assist us in making a decision that is best for both the applicant and the program. We appreciate your time and effort in providing this recommendation.

When you have completed the recommendation, please do the following:

1. Mail, fax, or email the recommendation directly to the University,
   Or
2. Seal the recommendation in the envelope, sign your name across the flap, and return it to the applicant.

How long have you known the applicant? ____________________________________________

I have known this applicant as an/a:

☐ Undergraduate student
☐ Graduate student
☐ Co-worker
☐ Employee
☐ Other

I have served as the applicant’s:

☐ Direct Supervisor
☐ Instructor
☐ Employer
☐ Co-worker
☐ Other
Please give us your appraisal of the applicant in terms of the qualities below. Rate the applicant in comparison to other graduate school applicants, school administrators, or other representative groups you have known.

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Do you recommend this applicant for admission to a graduate degree program?

- [ ] Strongly recommend  - [ ] Recommend  - [ ] Recommend with reservation  - [ ] Do not recommend

May we contact you regarding this applicant?

- [ ] Yes  - [ ] No

Signature: ___________________________  Date: ___________________________

Printed Name: ________________________  Title: ___________________________

Organization: ___________________________________________________________

Email: _______________________________  Phone: ___________________________