



**TEST SCORES**

MILLER ANALOGIES TEST (MAT) Date \_\_\_\_\_ Score \_\_\_\_\_  
GRADUATE RECORD EXAMINATION (GRE) Date \_\_\_\_\_ Score \_\_\_\_\_  
TOEFL Date \_\_\_\_\_ Score \_\_\_\_\_

**FOREIGN STUDENTS:**

√PLACE OF BIRTH \_\_\_\_\_ √TYPE OF VISA \_\_\_\_\_  
√COUNTRY OF CITIZENSHIP \_\_\_\_\_

Please list the names and title of persons whom you have asked to complete letters of reference:

Name	Title
_____	_____
_____	_____
_____	_____

Work Experience (Teaching, Industrial, Business, or other Professional Experience); resume optional

Activities in professional, community, and collegiate organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:**

On separate sheets (8 1/2 " x 11"), please provide a two-page, double-spaced, typed statement of your professional pursuits in higher education. This statement should reflect the manner in which the doctoral program will support your professional goals.

**Emergency Contact**

NAME OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY \_\_\_\_\_ Telephone \_\_\_\_\_

Application Fee: There is a non-refundable application fee of \$75.00 which must accompany the application. Please make checks payable to Immaculata University.

**ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING**

I understand that appropriate Immaculata personnel will have access to my application student record and that withholding information requested or giving false information may make me ineligible for admission to the University and subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of Immaculata University. I further understand that from the time I file my application with the College of Graduate Studies it is my responsibility to know all the rules, requirements, and exemptions for the Ed.D. program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Non-Discriminatory Policy**

Immaculata University is committed to the principle of equal educational opportunity without discrimination because of a person's race, gender, ethnicity, religion, age, national origin, color, disability, marital status, veteran status or other classifications protected by law or University policy.

REFERENCE FORM

**IMMACULATA UNIVERSITY  
COLLEGE OF GRADUATE STUDIES  
IMMACULATA, PA 19345-0500  
(610) 647-4400 EXT. 3211, 3212**

Applicant must complete and sign the following statement. The request is in compliance with the Family Education Right and Privacy Act of 1974.  
 ( ) I waive my right to view this letter of recommendation in my file. ( ) I do not waive my right to view this letter of recommendation in my file.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DEGREE SOUGHT \_\_\_\_\_ SPECIALIZATION \_\_\_\_\_

How well do you know the applicant? ( ) Very Well ( ) Fairly Well ( ) Slightly

How long have you known the applicant? \_\_\_\_\_

In what capacity have you been associated with the applicant? \_\_\_\_\_

Please rate the applicant on each of the following characteristics. Indicate any additional comment which would be of assistance in evaluating the applicant's potential.

SCHOLASTIC ABILITY	Excellent	Very Good	Good	Unsatisfactory	No chance to observe
Oral Expression					
Written Expression					
Intellectual Curiosity					
Ability to Integrate Information					
Ability to Work Independently					
<b>PERSONAL CHARACTERISTICS</b>					
Dependable					
Responsible					
Tolerant					
Cooperative					

My recommendation is: ( ) Strong and without reservation ( ) With confidence ( ) With reservation ( ) I do not recommend

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please type/print your:

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_