

HAMPTON UNIVERSITY

GRADUATE COLLEGE

APPLICATION BOOKLET



HAMPTON UNIVERSITY ADMISSION INFORMATION

HAMPTON UNIVERSITY

is a privately endowed, coeducational non-sectarian institution of higher education with accreditation from the Southern Association of Colleges and Schools, the Department of Education of the Commonwealth of Virginia, and other agencies. The University continues the tradition of "education for life" by providing graduate programs designed to prepare students for professional competence in a specific field and additional graduate study. The graduate programs are listed in the application that follows.

ADMISSION INFORMATION

In accordance with Title VI of the Civil Rights Act of 1964, Hampton University is required to conduct a student enrollment survey pertaining to date of birth, ethnicity and gender among members of its student body. We ask your assistance in fulfilling this requirement. (Note: This information in no way affects admission to Hampton University.) Hampton University does not discriminate on the basis of race, gender, creed, religion, handicap, national or ethnic origin or sexual orientation in the administration of its educational policies, admission policies, employment policies, scholarship and loan programs, or other university programs.

After reading the instructions, please complete each applicable question in full. Type or print the information legibly using a pen with black or blue ink. Applications submitted with incomplete information may delay or impede the admission process.

All students seeking admission to the Graduate College of Hampton University must submit a completed application form. Applicants may apply for admission as either a regular (degree-seeking) or special (non-degree) student. Each applicant will be notified in writing of the decision of the applica-

tion. Admission is limited to the term indicated on the application form.

APPLICATION FEE

The application for admission will not be processed without the required application fee of twenty-five dollars (\$25.00). The fee, payable by check or money order to Hampton University, cannot be waived. U.S. currency (money order or bank draft) is required of international applicants for the payment of this fee. The application fee is not refundable and does not apply toward tuition.

SUPPORTING DOCUMENTS

Before any action on this application for admission can be taken, the Graduate College must receive the following documents from applicants seeking admission as regular (degree-seeking) students.

1. One official transcript from each college or university attended. Official transcripts may be requested by contacting the registrar at the applicable institution(s). Transcripts must reflect all undergraduate and graduate work completed as well as the degree(s) awarded. Only transcripts sent directly from the institution will be accepted.
2. Official scores are required from the Graduate Management Admission Test (GMAT) for business program, Medical College or Dental Aptitude Test (MCAT/DAT) for the medical science program, Graduate Record Examination (GRE) for applicants to all other graduate degree programs. Additional requirements are PRAXIS scores for applicants to Education programs and the Test of

English as a Foreign Language (TOEFL) for applicants whose native language is not English.

3. Two letters of recommendation from persons familiar with academic and professional qualifications using the format provided.

4. A personal statement using the format provided.

Please note that all credentials (originals or photocopies) submitted in support of this application become the property of Hampton University and are not returnable.

SPECIAL (NON-DEGREE) APPLICANTS

Applicants who plan to take courses for certification, self-improvement or need certain undergraduate courses to prepare for graduate study will be classified as special (non-degree) graduate students. The sections on test scores, letters of recommendation and personal statement do not apply to individuals who seek enrollment in this category. Applicants for admission in this status must submit the following:

1. A completed application form for admission to The Graduate College of Hampton University.
2. A non-refundable application fee of twenty-five dollars (\$25.00).
3. One official copy of an undergraduate or graduate degree transcript with at least a 2.5 GPA is required.

APPLICATION DEADLINES

Applicants seeking admission to degree programs must apply and have all supporting documents on file by the following dates:

Fall Semester	June 1
Summer Session	April 1
Spring Semester	November 1

Applications will not be considered complete until all required supporting documents are received. Since these documents come from various sources, applicants are encouraged to begin the application process in a timely manner in order to avoid missing deadlines. If your name or address changes prior to admission, please notify The Graduate College.

SPECIAL DEADLINES

The Physical Therapy program has a special application deadline of February 15. Mail all credentials directly to the Physical Therapy Department. The Physical Therapy and Medical Science admissions committees only review applications for fall term entry. Applications received after the deadline will be considered on a space available basis.

FINANCIAL AID

Go to the homepage: www.hamptonu.edu and click on Admissions for the Financial Aid link to find your financial aid advisor for further information. The Graduate Program Coordinator will have additional information about financial aid. A FAFSA form must be filed by March 15 for priority processing.

STUDENT HEALTH SERVICES

All on-campus Hampton University students must contact Student Health Services and provide selected health records to that office. From the homepage, click on Student Life to find the health service link.

HAMPTON UNIVERSITY GRADUATE APPLICATION

Please type or print in black ink. Return this application and direct all inquiries concerning graduate admission to:
The Graduate College, Hampton University, Hampton, Virginia 23668. Telephone: (757) 727-5454

I. PERSONAL DATA

Social Security Number

Date of Birth

Gender: Male

Female

Title: Mr.

Ms.

Mrs.

Last Name

First Name

Middle Name

E-mail Address: _____

Other name under which your records might appear: _____

Current/Local Address: _____
Street Name City State Zip Code

Home Telephone: () _____ Work Telephone: () _____

Permanent Address (if different from current address):

Street Name City State Zip Code

Permanent Telephone: () _____

Place of Birth: _____ Permanent Residence: _____ Citizenship: _____
State/Country State/Country Country

IN CASE OF EMERGENCY CONTACT:

Name _____ Relation _____

Address _____ Telephone () _____
Street Name City, State, and Zip Code

THIS SECTION IS TO BE COMPLETED BY INTERNATIONAL APPLICANTS ONLY

Visa Status:

F-1 F-2 Other

Current

Intended

U.S. Permanent Resident

Other

ETHNICITY

American Indian/Alaskan Native 1

Black, Non-Hispanic 2

Hispanic 3

Asian or Pacific Islander 4

White, Non-Hispanic 6

RELIGIOUS PREFERENCE

- | | | | | | |
|------------------------------------|----|---|----|---|----|
| <input type="checkbox"/> Baptist | BP | <input type="checkbox"/> Lutheran | LU | <input type="checkbox"/> United Methodist | EU |
| <input type="checkbox"/> Episcopal | EP | <input type="checkbox"/> Presbyterian | PR | <input type="checkbox"/> Other | OT |
| <input type="checkbox"/> Islam | IS | <input type="checkbox"/> Protestant | PT | <input type="checkbox"/> None | NC |
| <input type="checkbox"/> Judaism | JE | <input type="checkbox"/> Roman Catholic | RC | | |

VETERAN STATUS

- | | | | |
|--|----|--|----|
| <input type="checkbox"/> Military - NOT Eligible for Benefits | MN | <input type="checkbox"/> Veteran NOT Eligible for Benefits | VN |
| <input type="checkbox"/> Military - Eligible for Benefits | ME | <input type="checkbox"/> Eligible for Benefits - Before January 1977 | VE |
| <input type="checkbox"/> Dependent of Deceased or Disabled Veteran | DP | <input type="checkbox"/> Vocational Rehabilitation | VR |

II. ACADEMIC INFORMATION**COLLEGES ATTENDED** (Most Recent First)

Failure to declare attendance at another institution will result in denial of credit for such work or immediate dismissal.

Name of College (Include City, State, and Zip Code)	Dates Attended	Date Graduated	Degree (to be earned)	GPA

Have you ever been dismissed from any school or college? No Yes – If yes, give reason:

Two persons you have asked to submit letters of recommendation – not applicable for Special Students (non-degree)

Name _____ Name _____

I have taken or will take the following examinations – not applicable for Special Students (non-degree)

- | | |
|--|------------|
| <input type="checkbox"/> Graduate Record Examination – (GRE) | Date _____ |
| <input type="checkbox"/> Graduate Management Admission Test – (GMAT) | Date _____ |
| <input type="checkbox"/> Medical College Admissions Test – (MCAT) | Date _____ |
| <input type="checkbox"/> Dental Admissions Test – (DAT) | Date _____ |
| <input type="checkbox"/> Test of English as a Foreign Language – (TOEFL) | Date _____ |
| <input type="checkbox"/> Academic Skills Assessments – (PRAXIS I) | Date _____ |
| <input type="checkbox"/> Principles of Learning and Teaching – (PRAXIS II) | Date _____ |

TERM OF ENTRY Fall Semester – (August – December) YEAR _____
 Spring Semester – (January – May)
 Summer Session – (June – July)

ATTENDANCE Full Time STUDENT STATUS New
 Part Time Re-entering

DEGREE SOUGHT MAJOR/CONCENTRATION

		<i>Education Programs</i>	
Applied Mathematics-Statistics and Probability/Computational		Elementary Education (M.A.)	ELED
Mathematics, Nonlinear Science (M.S.)	AMAT	Early Childhood/Biology (M.T.)	EBIO
Biology - Biology, Biology/Environmental Science (M.S.)	BIOL	Early Childhood/Marine Science (M.T.)	EMAS
Business Administration (M.B.A.) - 2yr. / 5yr.	BSAG / BSA5	Early Childhood/Psychology (M.T.)	EPSY
Chemistry (M.S.)	CHEM	Early Childhood/English (M.T.)	EENG
Communicative Science and Disorders (M.A.)	CSAD	Early Childhood/History (M.T.)	EHIS
Computer Science (M.S.)	CSC	Middle School/Biology (M.T.)	MBIO
Counseling (Community Agency/College Student Development/		Middle School/English (M.T.)	MENG
Guidance/Pastoral) (M.A. / Ed.S.)	COUN	Middle School/History (M.T.)	MHIS
Medical Services (M.S.)	MDSC	Middle School/Mathematics (M.T.)	MMAT
Nursing (Education/Administration/Practitioner/Community Health/		Music (Education) (M.T.)	MUS
Advanced Adult/Women's Health and Family) (M.S., Ph.D.)	NURS	Secondary School/Biology (M.T.)	SBIO
Physical Therapy (D.P.T.)	PTHY	Secondary School/Computer Science (M.T.)	SCSC
Physics (Atmospheric Sciences/Medical/Nuclear and Optical)		Secondary School/English (M.T.)	SENG
(M.S., Ph.D.)	PHYS	Secondary School/Mathematics (M.T.)	SMAT
		Special Education/Psychology/Learning (M.T.)	SPLB
Non-Degree Special	SPL	Special Education (M.A.)	SPED

(Please indicate by checking the appropriate degree)

Master of Arts – M.A. Doctor of Physical Therapy – D.P.T. Non-Degree – ND
 Master of Science – M.S. Doctor of Philosophy – Ph.D. Education Specialist – Ed.s.
 Master in Teaching – M.T. Master of Business Administration –M.B.A

PROPOSED MAJOR – Select from list above (e.g. Biology, Counseling, etc.)

PROPOSED AREA OF CONCENTRATION – Select from list above (e.g. Environmental Science, College Student Development, etc.)

I understand that falsification of any information given in this application for admission will result in a re-evaluation of my admission to Hampton University. I understand that all credentials (originals or photocopies) submitted in support of this application become the property of Hampton University and are not returnable.

Signature of Applicant _____ Date of Signature _____

OFFICE USE ONLY

Application fee: Received Not Received

HAMPTON UNIVERSITY PERSONAL STATEMENT

PERSONAL STATEMENT

Last Name _____ First _____ M.I. _____

Social Security Number _____ Proposed Major _____

Date _____ Area of Concentration _____

Your statement should include reasons for deciding to pursue a graduate degree in the field you have selected, any study and/or research you may have already completed, issues you would like to address, as well as your professional goals. We recommend this statement be typed with a minimum of 150 words. (Please use additional sheets if necessary.)

HAMPTON UNIVERSITY APPLICANT EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY APPLICANT (Please type or print)

Last Name _____ First _____ Middle _____

Social Security Number _____ Proposed Major _____

Name of Recommender _____

Date by which this form should reach Hampton University _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive I do not waive my right to inspect the contents of the following recommendation.

Signature _____ Date _____

NOTE: This waiver is not required as a condition for admission, receipt of financial aid, or any other service and benefits from Hampton University. It is a Hampton University policy that all letters of recommendation be used for the admission process only and will be disposed of after they have served this purpose.

TO THE RECOMMENDER: We would appreciate your opinion of this applicant for graduate study, including comments on strengths and weaknesses, creativity, initiative and aptitude for advanced study. How long and in what capacity have you known the applicant? How does the applicant compare to students you have known who have attended graduate school in recent years? Any other relevant information you care to include will be welcomed. Please attach your personal letter to this form.

SPECIAL NOTE: For applicants to an education program, please include information regarding the candidate's intellectual competence, enthusiasm for the subject, and concern for the teaching profession. Please include information concerning any qualities which may indicate an aptitude for teaching.

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO:
THE GRADUATE COLLEGE
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

HAMPTON UNIVERSITY APPLICANT EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY APPLICANT (Please type or print)

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HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668



The Graduate College
Hampton University
Hampton, Virginia 23668
(757) 727-5454
hugrad@hamptonu.edu
<http://www.hamptonu.edu/academics/graduatecollege>