



# **APPLICATION FOR GRADUATE ADMISSION**

## INSTRUCTIONS

Each application is considered individually. Admission is based on academic preparation and demonstrated ability.

### CHECKLIST TO COMPLETE YOUR APPLICATION

**Before you begin, please read and follow these instructions!**

- 1. Be sure to complete all sections and sign the application form.
- 2. Include your check, money order, or provide credit card information for the \$25 non-refundable application fee. Make your check or money order payable to **Saginaw Valley State University**.
- 3. Request that official copies of all undergraduate and graduate transcripts be sent to the SVSU Office of Graduate Admissions. Copies issued to students are not acceptable. SVSU transcripts for current and former students will be requested by the Office of Graduate Admissions.
- 4. Attach a current résumé.
- 5. Submit a one-page Personal Statement of Accomplishments and Academic Goals.

*The following programs require additional application information:*

**Master of Arts Communication & Digital Media (CDM)**

- Three letters of professional references

**Master of Business Administration (MBA)**

- Results of the Graduate Management Admission Test (GMAT) sent to SVSU by the Educational Testing Service
- Two letters of recommendation

**Master of Science in Nursing (MSN)**

- Proof of current licensure to practice nursing in the United States; or must be eligible for Michigan licensure
- Two letters of recommendation, preferably from colleagues with a graduate degree in nursing
- Interview by MSN Program Coordinator, or designee
- Additional admission criteria (eg: standardized test results) may be required based on interview and record review

**Master of Science Health Leadership (MSHL)**

- Two letters of recommendation, preferably from educators or employers

**Master of Science in Occupational Therapy (MSOT) - Entry Level Only**

- PLEASE NOTE: A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination, attain state licensure, or obtain employment as an Occupational Therapist. It may also affect your assignment to clinical learning facilities for completion of the program. A background check will be required at the time of application. Go to [CertifiedBackground.com](http://CertifiedBackground.com) and click on "Students". In the Package Code Box, enter the package code ai96 "occupational therapy"
- Submit results of criminal background check
- Provide verification of completion of a minimum of 60 hours of volunteer/work experience with special needs populations.

Saginaw Valley State University's Occupational Therapy program is accredited by the Accreditation Council for Occupational Therapy (ACOTE), affiliated with the American Occupational Therapy Association (AOTA) located at 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220, (301) 652-2682, [www.aota.org](http://www.aota.org)

**Mail or fax application and supporting materials to:**

Office of Graduate Admissions

Saginaw Valley State University • 356 Wickes Hall • 7400 Bay Road • University Center, MI 48710-0001

Fax: (989) 964-2173

**Or submit an electronic application at:** [www.svsu.edu/gradadm](http://www.svsu.edu/gradadm)

**Master of Arts in Teaching (MAT)**

**Master of Arts Instructional Technology (MAIT)**

**Master of Arts E-Learning (MAEL)**

**Master of Education (M.Ed.)**

**Education Specialist (Ed.S.)**

Contact the **SVSU College of Education Office of Admissions & Certification**

Phone: (800) 968-2540 • Email: [coeconnect@svsu.edu](mailto:coeconnect@svsu.edu)

(For information and application materials)

# Application for Graduate Admission

Saginaw Valley State University • 7400 Bay Road • University Center, MI 48710

**A \$25 non-refundable application fee is required at the time you submit this application.**

LAST NAME		FIRST NAME		INITIAL
PERMANENT HOME ADDRESS				
CITY		STATE	ZIP CODE	COUNTY
E-MAIL ADDRESS		FAX NUMBER		SOCIAL SECURITY NUMBER*
HOME TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER		WORK TELEPHONE NUMBER	DATE OF BIRTH month/day/year

EMERGENCY CONTACT:	LAST NAME	FIRST NAME	INITIAL
	TELEPHONE NUMBER		RELATIONSHIP

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Plan to attend:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Student Status:</b> <input type="checkbox"/> First Time Graduate (New) <input type="checkbox"/> Graduate Transfer <input type="checkbox"/> Re-Admit Graduate
<b>Semester you plan to begin:</b> <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Winter 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____		
While at SVSU, you plan to: <input type="checkbox"/> commute <input type="checkbox"/> reside on campus		
Will you be applying for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security number will be required if applying for financial aid. On the Free Application for Federal Student Aid (FAFSA), SVSU's Title IV Code is: <b>002314</b> <b>www.fafsa.ed.gov</b>		

<b>Check degree desired:</b> <input type="checkbox"/> <b>Master of Arts Communication &amp; Digital Media (CDM)</b> <input type="checkbox"/> <b>Master of Arts Administrative Science (MAS)</b> <i>Optional:</i> <input type="checkbox"/> Univ. /College Student Affairs Admin. Track <input type="checkbox"/> Univ. /College Student Affairs Admin. Certificate Only <input type="checkbox"/> Workplace Conflict Resolution Certificate <input type="checkbox"/> <b>Master of Business Administration (MBA)</b> <input type="checkbox"/> <b>Master of Science in Nursing (MSN)</b> <input type="checkbox"/> Advanced Clinical Practice (Family Nurse Practitioner) <input type="checkbox"/> Health System Nurse Specialist (Mgr., Educator, Clinical Leader, Informaticist) <input type="checkbox"/> <b>Master of Science Health Leadership (MSHL)</b> <input type="checkbox"/> <b>Master of Science in Occupational Therapy (MSOT)</b> <input type="checkbox"/> Entry Level <input type="checkbox"/> Advanced Practice Cognate Area of Interest _____
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Race/ethnicity (optional) information is collected for state and federal reporting requirements, as well as for statistical purposes. It is not used in the admission process and will have no bearing on your admission status.

- Are you Hispanic or Latino? Choose only one:  
 No, not Hispanic or Latino (please move to question 2.)  
 Yes, Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. If multi-racial, also answer question 2.)
- What is your race? Select one or more:  
 American Indian / Alaska Native     Asian     Black / African American  
 Native Hawaiian / other Pacific Islander     White

**Race**

**American Indian:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Permanent U. S. resident <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Visa _____ I-151 No. _____ <small>(Green Card)</small>	Michigan Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____ <small>Month/Year</small>
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\* If you do not wish to use your Social Security Number, an alternate student number will be assigned.

**Application Fee- \$25\***

*\*This fee is not refundable and is not credited to any SVSU bill.*

I have attached a check or money order (payable to SVSU) for \$25.  Please credit my:  Visa  MasterCard  Discover

Account Number \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ Cardholder's name (please print) \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Student ID # _____ Start Term _____ Academic Program _____
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List institution from which baccalaureate degree was received and any other institutions where undergraduate or graduate credit was earned. You must have an official transcript from each of these institutions sent directly to the SVSU Office of Graduate Admissions. SVSU transcripts for current and former students will be requested by the Office of Graduate Admissions.

**LIST ALL INSTITUTIONS WHERE BACCALAUREATE CREDIT WAS EARNED:**

NAME OF INSTITUTION	CITY/STATE	MONTH/YEAR	CREDIT EARNED	DEGREE

**LIST INSTITUTION(S) WHERE POST BACCALAUREATE AND/OR GRADUATE CREDIT WAS EARNED:**


Did you attend any of the above institutions under another name (i.e. maiden)?  Yes  No If yes, name: \_\_\_\_\_

Have you ever attended SVSU?  Yes  No If yes, when? From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ .  
(month/year) (month/year)

**PROFESSIONAL EXPERIENCE**

Please attach a current résumé with this application. Include information regarding positions and settings in which you have been employed, including the duties and the dates. Include your present employment, as well as relevant involvement in professional and voluntary organizations, honors, publications, presentations and continuing education experiences.

**PERSONAL STATEMENT OF ACCOMPLISHMENTS AND ACADEMIC GOALS**

Submit a one-page statement summarizing your plans for graduate study. Your statement should be a concise, well-written essay about your background, your academic and career goals, and how Saginaw Valley State University’s graduate program will help you meet your career and educational objectives.

**RECOMMENDATIONS**

Please indicate the two/three persons to whom you have requested recommendations. These persons should be educators or employers who can evaluate your academic potential. Most useful will be references who can speak to your recent educational and/or professional experience. *They should not be personal references.*

NAME	TITLE	ORGANIZATION	PHONE
NAME	TITLE	ORGANIZATION	PHONE
NAME	TITLE	ORGANIZATION	PHONE

**ADMISSION TESTS**

If the program to which you are applying requires an admission test, please list if you have taken or plan to take the examination. The institution code for Saginaw Valley State University is 1766.

Entrance examinations:  GMAT Date taken/Will take \_\_\_\_\_

**Your Signature is Required for Processing this Application**

You are not required to give your Social Security Number, date of birth, sex or ethnic background, or to acknowledge the existence of a disability. This information is used for compiling institutional data and is not a factor in admission decisions.

*I certify that all the answers I have given on this application are complete and accurate to the best of my knowledge. I understand that withholding information requested may make me ineligible for admission to SVSU, or may result in dismissal.*

SIGNATURE OF APPLICANT	DATE
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7400 Bay Road • University Center, MI 48710 • (989) 964-6096 • www.svsu.edu/gradadm • gradadm@svsu.edu