

## INFORMATION AND INSTRUCTIONS

Thank you for making the choice to submit your application for doctoral studies to Virginia State University. Please read the following information and instructions carefully to ensure that your application package is completed properly and submitted with the required non-refundable twenty-five dollar (\$25) fee to **Virginia State University, School of Liberal Arts and Education, Professional Education Programs Unit, Doctoral Program in Educational Administration and Supervision, 1 Hayden Drive, P. O. Box 9403, Petersburg, Virginia 23806-0001**. The certified check, cashier's check, or money order should be made payable to **Virginia State University**. No application will be processed unless accompanied by the \$25 fee.

The Ed.D. in Administration and Supervision Program requires that all doctoral applicants submit postmarked application materials no later than **March 31** (or next business day), of each year. The doctoral applicant is responsible for assembling and submitting the following items:

- A completed and signed application form
- A \$25 non-refundable application fee (payable to **Virginia State University**)
- Three letters of reference from individuals familiar with the applicant's potential for advanced professional studies; one letter must be from an employer and one letter must be from a professor who is familiar with the applicant as a student
- Official transcripts of ALL previous undergraduate and graduate schools attended
- Official GRE scores, obtained within the last five (5) years
- Most recent resume/vita and
- **Test of English Proficiency as a Foreign Language (TOEFL)**  
Foreign students must submit TOEFL scores prior to consideration of application

Only complete application packages are reviewed. You will not be penalized if letters or transcripts arrive separately. After receiving your application packet, the Doctoral Office will contact you to confirm the status of your file.

### **Transcripts**

Applicants must request official transcripts from **ALL** undergraduate and graduate schools attended previously. Graduates of Virginia State University must also request transcripts.

### ***GRE Scores***

Applicants for admission to the Doctoral Program are required to take the Graduate Record Examination (**GRE**). Applicants must have scores from within the past five (**5**) years sent to the Graduate School by the Educational Testing Service, Princeton, New Jersey 08541. Be sure to use the institutional code **5860-Virginia State University** in requesting scores from ETS. Test scores that are more than five (5) years old as of the application deadline date (**March 31**) will not be accepted (or next business day).

## **Frequently Asked Questions**

### **Can I get financial aid if I am not working?**

You can apply for financial aid through [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

### **Will my application be reviewed if it is missing only a few items?**

Incomplete applications will not be reviewed. These applications will be maintained in an inactive file. Applications not reactivated within one year will be removed from the inactive file.



**VIRGINIA STATE UNIVERSITY  
 THE SCHOOL OF LIBERAL ARTS AND EDUCATION  
 PROFESSIONAL EDUCATION PROGRAMS UNIT  
 DOCTORAL PROGRAM IN  
 EDUCATIONAL ADMINISTRATION AND SUPERVISION**

**Please type or print the information below and return this form to Virginia State University, School of Liberal Arts and Education, Professional Education Programs Unit, Doctoral Program in Educational Administration and Supervision, 1 Hayden Drive, P. O. Box 9403, Petersburg, VA 23806-0001.**

**RECOMMENDATION FORM**

Please Print or Type

To be returned to applicant by: \_\_\_\_\_

(Date)

To be completed by applicant:

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Intended Graduate Program \_\_\_\_\_

Public Law 93.390 guarantees the applicant a choice in terms of access to letters requested after January 1975. Applicants are allowed to have their right of access to recommendations. It is required that the applicant indicate his/her wish relative to this recommendation.

I waive my rights

I do not waive access to this letter.

Signature: \_\_\_\_\_

The process for doctoral admissions requires the applicant to submit letters of recommendation with the application package. Please send your completed recommendation form directly to us in a sealed and signed envelope to the following address: Virginia State University, School of Liberal Arts and Education, Professional Education Programs Unit, Doctoral Program in Educational Administration and Supervision, 1 Hayden Drive, P. O. Box 9403, Petersburg, Virginia, 23806-0001. We appreciate your timely response.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please evaluate the applicant in the skill areas indicated below. Place a check in the column that most nearly represents your opinion. If you find that you cannot make a definite rating, you may check "No Opportunity to Observe."

Skill Areas	No Opportunity to Observe	Unsatisfactory	Below Average	Average	Above Average	Excellent
Leadership						
Motivation						
Ability to Communicate						
Decisiveness						
Organizational Ability						
Range of Interest						
Problem Analysis						

Indicate your recommendation based on applicant's ability to pursue doctoral studies (check one)

Highly recommend     Recommend     Recommended with reservation     Do not recommend

Comment(s) \_\_\_\_\_

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

Please print or type clearly:

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_



THE SCHOOL OF LIBERAL ARTS AND EDUCATION

TRANSCRIPT REQUEST FORM

This form may be duplicated as needed.

Name of Applicant: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_

Degree/Graduation Date: \_\_\_\_\_

I grant authorization for the release of my transcript of academic record to Virginia State University, School of Liberal Arts and Education, Doctoral Program.

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

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To the School:

The person named above is submitting an application package to Virginia State University, School of Liberal Arts and Education, Doctoral Program and is requesting that his/her transcript of academic record be released to us. We ask that this form be completed and with it an official transcript from your institution. We request that you please sign across the seal of the envelope and return it to the applicant for inclusion in his/her application package. If you mail it directly to us, use the address below.

Virginia State University  
School of Liberal Arts and Education  
Professional Education Programs Unit  
Doctoral Program in Educational Administration and Supervision  
1 Hayden Drive  
P. O. Box 9403  
Petersburg, Virginia 23806-0001

Signature of school official: \_\_\_\_\_

Date: \_\_\_\_\_




(Official transcripts must be sent to VSU from each institution)

List in chronological order all jobs you have held during the past ten years. Start with the most recent job.

Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Duties and Responsibilities \_\_\_\_\_

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Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Duties and Responsibilities \_\_\_\_\_

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Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Duties and Responsibilities \_\_\_\_\_

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(Please use additional sheet if necessary)

**SIGNATURE:** I certify that the statements contained in this application are true to the best of my knowledge. I understand that deliberate falsification in this application may result in denial of admission or dismissal after admission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR OFFICE

Date Received \_\_\_\_\_

USE ONLY:

Application Fee Received \_\_\_\_\_

## APPLICATION FOR VIRGINIA IN-STATE TUITION RATES

This form must be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23.7-4 of the Code of Virginia. All questions must be answered. Supporting documents and additional information may be requested.

1) Name of Applicant \_\_\_\_\_

Last

First

Middle

2) Social Security Number \_\_\_\_\_ 3) E-mail address \_\_\_\_\_

4) Date of Birth \_\_\_\_\_ 5) Daytime Phone No. \_\_\_\_\_

6) Citizenship - U.S. \_\_\_ Non-U.S. \_\_\_ *If Non-U.S. Please Specify Visa Type \_\_\_\_\_ or Green Card No. \_\_\_\_\_*

7) How long have you lived in Virginia? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

8) 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 (Start with Current)	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9) Employment information (for at least year prior to the date for which in-state tuition rates are sought): If no employed, or if retired, please indicate.

Employer	City	State	Zip Code	From (Start with Current)	To	Full-Time/Part-Time
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

10) Are you currently enrolled in a public college or university? . . .  Yes  No

*If yes, please list school:* \_\_\_\_\_

Domicile Status: In-state \_\_\_\_\_ Out-of-State \_\_\_\_\_

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

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?  Yes  No

Date registered \_\_\_\_\_ Original \_\_\_\_\_ Renewal \_\_\_\_\_

*If no, do you hold a license in?*

Another state \_\_\_\_\_ Not Licensed \_\_\_\_\_

15) Did you own or operate a motor vehicle registered in Virginia during the last year?  Yes  No

*If no, is it registered in?*

Another state \_\_\_\_\_ Did NOT own or operate a motor vehicle

16) Are you or your spouse in the military? . . .  Yes  No

*If yes, check - Self \_\_\_\_\_ Spouse \_\_\_\_\_*

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 your spouse is in the military, and the answer to (a) is NO, will YOU have resided in Virginia, been employed and earned at least \$9,500, and paid income taxes to Virginia for at least one year immediately prior to the term in which you will enroll?  Yes  No

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

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 \$9,500 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, and a copy of the most recent Virginia tax return, or 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 \_\_\_\_\_