



MARYGROVE COLLEGE
 MASTER IN THE ART OF TEACHING
 ONLINE MASTER'S DEGREE PROGRAMS
 GRADUATE APPLICATION

I am applying for the following semester: Fall Winter Summer Year _____

Program choice:

- Master in the Art of Teaching (MAT) with a Focus on Curriculum, Instruction & Assessment, K-12
- Master in the Art of Teaching (MAT) with a Focus on Reading & Literacy, K-6
- Master in the Art of Teaching (MAT) with a Focus on Mathematics, K-5
- Master in the Art of Teaching (MAT) with a Focus on Mathematics, 6-8

Personal Information (please print)

Name-Last		First		Middle		Maiden	
Permanent Address (no P.O. Box)				Mailing Address (if different than Permanent Address-no P.O. Box)			
City		State		Zip		City	
State		Zip		State		Zip	
Home Phone (include area code) ()		Work Phone (include area code) ()		Cell Phone (include area code) ()		Email Address	
Alternate Email Address		Date of Birth ____/____/____		Birthplace		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Origin (Optional):		<input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, Not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Other: _____			
If not a U.S. resident, please give visa type and number:							
Military Service: How long in service: _____ From _____ To _____				Date of Discharge: Month _____ Year _____			

Education List all Colleges/Universities in order of attendance (if still enrolled, indicate start date)

Name of Institution	City and State	Date Attended From-To	Hours Completed	Degree Earned

*Note: Official transcripts from each institution of higher education are required for consideration into the MAT program. Marygrove College will accept unofficial transcripts at the time of application; however, official transcripts are required.

Employment List in chronological order with most recent first

School District/School Name	City/State/Zip	Telephone	Subject/Grade	Dates of Employment
		()		
		()		
		()		
		()		

REQUIRED INFORMATION: Please indicate both the city and the Zip code where you currently teach: _____

Educational Honors Received

Name of Award	Date Received

Teacher Certification

Indicate your present type of teacher certification

State I am certified in the following states*: <input type="checkbox"/> I'm not certified _____ _____ (list)	Level <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education	Type <input type="checkbox"/> Permanent <input type="checkbox"/> Provisional <input type="checkbox"/> Continuing <input type="checkbox"/> Other _____ (please specify)
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*Applicants must provide a copy of their current teaching certificate for consideration into the MAT program. Expired certificates will not be considered.

Transfer of Credit

Are you planning to request transfer of credit from previous coursework? No Yes
 Are the courses you are requesting to be transferred from the Marygrove College/Teachscape individual graduate courses? If yes, please call toll-free 1-866-903-3033 for more details.

Are the courses you are requesting to be transferred from another institution? If yes, a \$100 nonrefundable evaluation fee is required for each transferred course. A maximum of 6 credits (or two courses) will be considered. Please send a check, money order or supply your credit card number with the Transfer Request Form, course description and course syllabi and enclose it with your application.

Collaboration Option

Course assignments require that you collaborate with other teachers.
Select one:

- Online discussion format
 Face-to-Face Cohort format

ONLINE DISCUSSION: You will be assigned to an online cohort of 15–20 teachers with deadlines to post and respond to the online discussion board each week.

FACE-TO-FACE COHORT: You must apply and enroll with a group of 3–8 of your colleagues. Each group decides when and where to meet to complete the collaboration assignments each week. List your study team members:

Payment Method

Once registered in the Marygrove program, I intend to pay via:

- Full tuition each semester via: Check Credit card
 Deferred Payment Plan: Pay \$450 at registration (one time good faith deposit) and pay tuition and administrative fees for the semester, along with a \$40 deferred payment fee. Installments are due by the Friday of the first week of each course in the semester.

- Financial Aid
 Please send me information about financial aid
 I've completed all financial aid applications
 Purchase Order: Students must submit a voucher that authorizes Marygrove College to bill and you must pay \$450 with your registration.

Compliance Statement

I understand that failure to submit complete official transcripts from all schools, colleges, or universities attended may result in denial of this application or my subsequent dismissal from Marygrove College. Through my enrollment, I agree to comply with the rules and regulations in Marygrove's catalog and student handbook. Also, I agree that failure to do so may result in my dismissal. I certify that, to the best of my knowledge, all statements I have made in this application are complete and true.

Applicant's Signature: _____ Date: _____

Application Process Checklist

All documents must be submitted to Marygrove College by the application deadline. No action will be taken on any application until all necessary documents are on file.

- Completed application, including signature and date.
 Official transcript(s) with grades posted for ALL undergraduate/graduate courses received directly from the college/university attended. (You may include photocopies of transcripts with your application while official transcripts are being ordered.)
 If your cumulative GPA is lower than 3.0, submit two (2) letters of recommendation.
 Copy of your current teaching certificate.

Send all documents by the **application deadline** to:

Marygrove College
Information Processing Center/MAT
8425 West McNichols Road
Detroit, MI 48221-2599

**Need more information or help?
Call toll-free 1-800-955-9914**