

Office of Admissions
P.O. Box 179, MSC 147
Lincoln University, PA 19352



LINCOLN UNIVERSITY
APPLICATION FOR
GRADUATE SCHOOL ADMISSION

PROGRAM:

___ **Master of Education (MEd)** Concentration: ___ Elementary MEd-E ___ Secondary MEd-S
___ Biology MEd-B ___ Chemistry MEd-C
___ Mathematics MEd-M ___ Physics MEd-P

___ **Master of Human Services (MHS)**

___ **Master of Science in Administration (MSA)** Concentration: ___ Budget/Finance ___ Education Administration
___ Human Resources

___ **Master of Science in School Administration (MSSA) :**

___ **Master of Science in Mathematics (MSM)**

___ **Master of Science in Reading (MSR)**

PLEASE TYPE ALL INFORMATION

Social Security Number: _____

___ Mr.

___ Mrs. Name: _____

___ Ms. _____ Last Name First Name Middle Name

Home Address: _____

Street

City

State

Zip

Mailing Address:

(if different)

Street/P.O. Box

City

State

Zip

County of Residence:(PA only) _____

Date of Birth: _____

mo/day/yr

Country of Citizenship: _____ Visa: _____ Alien Reg.#: _____

Telephone: Home: () _____ E-mail Address: _____

Work: () _____ Fax: () _____

Ethnicity (optional): ___ African-American/Black ___ White ___ Native American/Alaskan

___ Asian/Pacific Islander ___ Latino ___ Other

EDUCATION: (Official academic transcript(s) must be received before admission can be approved.)

1. Degree: _____ Date of Completion: _____ Major/Field: _____

College/University: _____ mo/yr

Address/Location: _____

2. Degree: _____ Date of Completion: _____ Major/Field: _____

Address/Location: _____ mo/yr

3. If MHS applicant indicate High School or General Education Diploma (GED), please check appropriate box.

___ High School Diploma, date received: _____ or ___ General Education Diploma, date received: _____

Name High School or GED Institution: _____

City and State: _____

List other names under which transcripts may be issued:

EMPLOYMENT

List your complete record of employment beginning with your present position. Include exact dates of employment (month and year) and employment status (part-time or full-time).

Please submit your current professional resumé with the application.

Present Employer: _____ Starting Date: _____ mo/yr
Type of Agency: _____
Address: _____
___ Full-time ___ Part-time Position: _____
Responsibilities: _____
Name of Supervisor: _____ Telephone: _____

Employer: _____ Dates: _____ mo/yr to mo/yr
Type of Agency: _____
Address: _____
___ Full-time ___ Part-time Position: _____
Responsibilities: _____

Employer: _____ Dates: _____ mo/yr to mo/yr
Type of Agency: _____
Address: _____
___ Full-time ___ Part-time Position: _____
Responsibilities: _____

List Current Community, Professional, and Organizational Activities: (Include responsibilities, hours per week, dates of involvement, please attach additional documentation if necessary.)

How did you learn about Lincoln University's Graduate Program? (Please specify name.)

Please read carefully: Your Certification and Agreement

I certify that the information provided on this application is true, to the best of my knowledge; and, I understand that my omission or misrepresentation of facts or failure to furnish information to the Office of Admissions will automatically invalidate consideration of this application and/or acceptance to the University. I further understand that upon enrollment, I am expected to become familiar with and abide by the student rules and regulations as set forth by Lincoln University.

Signature of Applicant

Date

3. Additional observations and comments concerning strengths and weaknesses of the applicant. (We encourage you to attach a letter to this form.)

4. Overall Recommendation: ___ Highly Recommend
 ___ Recommend
 ___ Recommend with Reservations
 ___ Would Not Recommend

Thank you for completing this evaluation.

Signature _____ Date _____

Evaluator's Name: _____
(Please Print)

Position/Title: _____

Organization: _____

Address: _____

Telephone: () _____