

# Lincoln University

of the Commonwealth of  
Pennsylvania



Application  
for Graduate  
Admission

# Graduate Application to Lincoln University of Pennsylvania

Submit your completed typed (if possible) application to:

**The Office of Graduate Admissions  
Lincoln University of Pennsylvania  
1570 Baltimore Pike  
P.O. Box 179, MSC 47  
Lincoln University, PA 19352-0999**

Attach your \$50 Application Fee. Your certified check or money order (**personal checks are not accepted**) should be made payable to Lincoln University and is non-refundable. Please write your social security number on your application fee. This fee is mandatory and must be received in order to process your application.

Submit a Professional Resumé to complement your Basic Application. Please include and outline responsibilities of all paid employment. MHS applicants must document a minimum of five years of progressively more responsible paid experience in the human services in a provider or administrative capacity to be eligible for admission.

**Identify the graduate program you are applying to and review the following list to complete your application.**

## **MASTER OF HUMAN SERVICES PROGRAM (MHS)**

Please complete and return the following forms with the Application Fee to the address indicated above.

- **Basic Application Form**
- **Supervisor's Evaluation Form**
- **Three Letters of Professional Recommendation**
- **Preceptor Information Form**
- **Professional Resumé** (Indicate no less than five years of progressive experience in the human services in a provider or administrative capacity.)

### • **Essay**

Attach a typed essay of at least 500 words addressing the following points:

- What human services skills do you bring to the MHS Program?
- In what ways do you feel that participation in the MHS Program will enhance those skills?
- What professional contribution do you hope to make to your organization, your community, and the human services field as a result of your graduate study?
- **Official Academic Transcript(s)**

The official academic transcript should be forwarded from the academic institution directly to the applicant to be included in the application packet. Please note that all academic transcripts should be marked official and received in a sealed envelope to be considered official.

- **\$50.00 Application Fee** (non-refundable)

## **OTHER GRADUATE PROGRAMS**

- **Basic Application Form**
- **Three Letters of Professional Recommendation**
- **Professional Resumé**
- **Essay**

Attach a typed essay of at least 500 words addressing the following points:

- What professional skills do you bring to Lincoln University?
- What would you like to accomplish at Lincoln University and how does this relate to your future career goals?
- How do you hope to use a degree from Lincoln University?

### • **Official Academic Transcript(s)**

The official academic transcript should be forwarded from the academic institution directly to the applicant to be included in the application packet. Please note that all academic transcripts should be marked official and received in a sealed envelope to be considered official.

- **\$50.00 Application Fee** (non-refundable)

## **Testing**

All MHS applicants must pass the entrance examination for admission. You may register for testing by calling the Office of Graduate Admissions at 484-365-8123 or 215-590-8233 (Philadelphia). Applicants for the other graduate programs may be required to take the Graduate Record Examination (GRE) or the Miller's Analogies Test (MAT) depending on the cumulative grade point average (cgpa) of the undergraduate course work. An Admissions Representative will advise you on this matter.

## **Notice of Admission**

Once your completed application packet is received (please refer to the list), you will be notified. The Admissions Committee will review your completed application, test results and interview results (if necessary), and inform you in writing of the final decision at the earliest possible date.

## **Financial Aid**

Lincoln University offers eligible persons entering the Graduate Programs student loans in the form of a Master Promissory Note (MPN). If you have not received your Master Promissory Note, please contact PHEAA at 1-800-692-7392 or the Office of Financial Aid at 1-800-561-2606. We encourage you to apply early for the student loan. The earlier you apply, the better your chances are to have your loan in place by the beginning of any given semester.

You must complete the Free Application for Federal Student Aid (FAFSA) prior to receiving award notification and loan certification. You may mail the FAFSA in the envelope provided in the packet or file via the Internet at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). When completing the FAFSA, please be sure to answer question # 88 on your Free Application for Federal Student Aid as follows:

**School Code: 003290**  
**College: Lincoln University**  
**City and State: Lincoln University, PA**

By listing Lincoln University on question # 88, you are giving the processing center permission to send your application data directly to the Office of Financial Aid at Lincoln University.

## **Questions**

We encourage all applicants to complete the admissions process as soon as possible to allow sufficient time to secure financial aid. If you have questions, please call the Office of Graduate Admissions at 484-365-8123, 215-590-8233 (Philadelphia), fax us at 484-365-7711, or via e-mail at [www.lincoln.edu](http://www.lincoln.edu).



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 (GED)/Date Received: \_\_\_\_\_  
(month/year) (month/year)

Name of High School or GED Institution: \_\_\_\_\_

City and State: \_\_\_\_\_

List other names under which transcript(s) may be issued: \_\_\_\_\_

**EMPLOYMENT**

**List your complete record of employment beginning with your present position. Include dates of employment (month and year) and employment status (part-time or full-time). Please submit your current Professional Resumé with the application. MHS applicants must document a minimum of five years of progressively more responsible paid experience in the human services in a provider or administrative capacity to be eligible for admission.**

Present Employer: \_\_\_\_\_ Starting Date: \_\_\_\_\_ (month/year)

Type of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Full-time  Part-time  Position/Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Starting Date: \_\_\_\_\_ (month/year)

Ending Date: \_\_\_\_\_ (month/year)

Type of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Full-time  Part-time  Position/Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Starting Date: \_\_\_\_\_ (month/year)

Ending Date: \_\_\_\_\_ (month/year)

Type of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Full-time  Part-time  Position/Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

List current community, professional, and organizational activities. (Include responsibilities, hours per week, and dates of involvement. Please attach additional documentation if necessary.)

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

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**Please read carefully: Your Certification and Agreement**

I certify that the information provided on this application is true, to the best of my knowledge. I understand that my omission or misrepresentation of facts or failure to furnish information to the Office of Graduate 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.

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Signature of Applicant (Required)

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Date





3. Additional observations and comments concerning strengths and weaknesses of the applicant. (We encourage you to attach a letter to this form.) If the candidate does not have an undergraduate degree, please comment on why you feel this candidate should be considered for admission to a graduate-level educational program.

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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: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



3. Additional observations and comments concerning strengths and weaknesses of the applicant. (We encourage you to attach a letter to this form.) If the candidate does not have an undergraduate degree, please comment on why you feel this candidate should be considered for admission to a graduate-level educational program.

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- Highly Recommend
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- Recommend with Reservations
- Would Not Recommend

**Thank you for completing this evaluation.**

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

Evaluator's Name: \_\_\_\_\_  
(Please Print)

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



3. Additional observations and comments concerning strengths and weaknesses of the applicant. (We encourage you to attach a letter to this form.) If the candidate does not have an undergraduate degree, please comment on why you feel this candidate should be considered for admission to a graduate-level educational program.

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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: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



## Lincoln University of Pennsylvania Master of Human Services Program

### RE: PRECEPTOR INFORMATION FORM

Dear Applicant:

Preceptors are an integral part of the Lincoln University Master of Human Services (MHS) Program. They provide students with a different perspective, offer individualized attention, and help students apply academic theory to their worksite. Preceptors provide an essential link between students and the MHS Program, as well as an essential link between the student and the agency.

No student may enter the MHS Program without a Preceptor. Please have your prospective Preceptor complete the following Preceptor Information Form and return it to you for submission of your complete graduate application packet.

Preceptors must have received a graduate degree in a human services related field at least three years prior to becoming a preceptor. Also note that immediate family members are not eligible candidates for Preceptorship.

If you have questions regarding the role of the Preceptor, or if you would like to refer your Preceptor candidate to the MHS Program directly for questions, please call the Office of Graduate Admissions at either of the numbers listed below or feel free to e-mail us at [www.lincoln.edu](http://www.lincoln.edu). Information regarding the role and responsibilities of the Preceptor can be found in *The Preceptor Manual* by visiting us online at [www.lincoln.edu](http://www.lincoln.edu). Once you are on the Lincoln University homepage, click on Admissions, then click on Graduate Admissions, then click on Master of Human Services (MHS) Program where you will find *The Preceptor Manual* on the MHS Program's homepage.

Again, please do not hesitate to contact us directly with your questions or concerns. We look forward to assisting you in the very near future.

The Office of Graduate Admissions





# Lincoln University of Pennsylvania Master of Human Services Program

## Preceptor Information Form

MHS Applicant's Name: \_\_\_\_\_

### A. PRECEPTOR INFORMATION

Preceptor's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_ Relationship of Applicant to Preceptor: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### B. EDUCATIONAL INFORMATION: INSTITUTION(S) WHICH AWARDED DEGREE(S)

#### Undergraduate

Institution and Year of Completion: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

Additional Information and Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Master's Degree

Institution and Year of Completion: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

Additional Information and Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Doctorate

Institution and Year of Completion: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

Additional Information and Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Doctorate**

Institution and Year of Completion: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

Additional Information and Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. PRESENT EMPLOYMENT INFORMATION**

Employer's Name and Address (zip): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list a telephone number where you can be reached during the day. (     ) \_\_\_\_\_ Extension: \_\_\_\_\_

Present position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Mailing Address for Academic Materials: (Check one)      Home      Work

University policy dictates that payment for services rendered must be mailed to the preceptor's home address and the preceptor must submit their social security number for compensation.

Please list other student(s) for whom you are currently precepting or have precepted in the past.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments or Suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



## Lincoln University of Pennsylvania Master of Human Services Program

### RE: SUPERVISOR'S EVALUATION FORM AND RECOMMENDATION

Dear Supervisor:

A member of your department is asking for your recommendation for admission to the Lincoln University Master of Human Services (MHS) Program. This recommendation is an important part of the admissions process. No applicant can be admitted to the program without the Supervisor's Evaluation Form being completed. The completed application, including the Supervisor's Evaluation Form, will be reviewed by the Lincoln University Master of Human Services Program Admissions Committee.

We are asking you to evaluate the applicant, objectively giving your impression of him or her as a worker and as a learner. The attached form was developed to assist you in making your evaluation. Please give this evaluation careful consideration and add whatever comments you feel will help the Admissions Committee in making its decision.

Please assess the applicant's intellectual and emotional maturity, as well as the applicant's potential for success in graduate education and in performing graduate-level job duties. If the applicant does not have an undergraduate degree, we are especially interested in knowing why you feel this candidate should be considered for admission to a graduate-level educational program.

If the applicant has worked under your supervision less than six months, please ask the applicant to request an additional evaluation from his/her previous work supervisor. Please return the completed form to the applicant to be submitted with the application packet.

If you have further questions or concerns, please do not hesitate to notify the Office of Graduate Admissions at Lincoln University by dialing either of the numbers listed below or via e-mail at [www.lincoln.edu](http://www.lincoln.edu). On behalf of the Master of Human Services Program and the Office of Graduate Admissions, we thank you for the assistance and careful consideration you have provided in the graduate admissions process at Lincoln University.

The Office of Graduate Admissions





# Lincoln University of Pennsylvania Master of Human Services Program

## Supervisor's Evaluation Form

Please print or type all information.

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

Name of Agency: \_\_\_\_\_

Length of time applicant has worked with this agency: (years) \_\_\_\_\_ (months) \_\_\_\_\_

Length of time applicant has been under your supervision: (from) \_\_\_\_\_ (to) \_\_\_\_\_

I. Please respond to the following questions:

In your opinion, does the applicant demonstrate the ability to meet the demands of the MHS Program? Please comment on the applicant's strengths and weaknesses in the following areas: critical thinking, maturity, self-discipline, perseverance, ability to set goals and work toward them, the ability to use time responsibly, open-mindedness, stability and potential for advancement on the job.

(Attach additional sheet if necessary.)

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Is the applicant currently working in a position that requires an undergraduate degree or its equivalent in skills and experience?

Yes  No

If NO, please explain why you feel the candidate is appropriate for admission to a graduate-level program and how his or her current job effectiveness will be improved by participation in the MHS Program.

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Please provide any additional information on the applicant which will help the Admissions Committee in the review process.

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II. Please rank the applicant on the qualities outlined below. Each item is ranked on a scale of 5 to 1 with 5 as the highest and 1 as the lowest. Check one answer for each item and include any comments necessary to explain your choice.

A. Applicant's capacity for change and openness to learning

5  4  3  2  1

Comments: \_\_\_\_\_

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G. Applicant's capacity for self-evaluation

5  4  3  2  1

Comments: \_\_\_\_\_

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B. Applicant's ability to work independently

5  4  3  2  1

Comments: \_\_\_\_\_

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H. Applicant's capacity to use supervision effectively

5  4  3  2  1

Comments: \_\_\_\_\_

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C. Applicant's ability to apply skills and knowledge

5  4  3  2  1

Comments: \_\_\_\_\_

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I. Applicant's ability to work well with others

5  4  3  2  1

Comments: \_\_\_\_\_

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D. Applicant's ability to think critically

5  4  3  2  1

Comments: \_\_\_\_\_

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J. Applicant's sensitivity to current social problems/issues

5  4  3  2  1

Comments: \_\_\_\_\_

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E. Applicant's ability to express self verbally

5  4  3  2  1

Comments: \_\_\_\_\_

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K. Applicant's dedication to the human services field

5  4  3  2  1

Comments: \_\_\_\_\_

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F. Applicant's ability to express self in written form

5  4  3  2  1

Comments: \_\_\_\_\_

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L. Quality of the applicant's character, stability and integrity

5  4  3  2  1

Comments: \_\_\_\_\_

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Please check the appropriate box below and add any comments, explanations, etc.

I recommend the applicant for admission to the MHS Program.

I do not recommend the applicant for admission to the MHS Program.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Please return this completed form to the applicant for submission with the application packet. **Thank you for completing this evaluation.**

\_\_\_\_\_  
Name of Supervisor Title

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Applicant's Signature Date



## REFERENCE LOG

Please provide five references for contact and/or interview.

Name	Relationship	
( )		
Phone	E-Mail Address	
Address	City	State/Zip Code

Name	Relationship	
( )		
Phone	E-Mail Address	
Address	City	State/Zip Code

Name	Relationship	
( )		
Phone	E-Mail Address	
Address	City	State/Zip Code

Name	Relationship	
( )		
Phone	E-Mail Address	
Address	City	State/Zip Code

Name	Relationship	
( )		
Phone	E-Mail Address	
Address	City	State/Zip Code



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