

# CATAWBA COLLEGE

Salisbury, North Carolina

## APPLICATION FOR MASTER'S DEGREE IN ELEMENTARY EDUCATION

**FOR OFFICE USE ONLY**

GRE \_\_\_ NTE/Praxis Core \_\_\_ Area \_\_\_

References 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

Application Fee Paid \_\_\_\_\_

Transcript(s) \_\_\_\_\_

Accept. \_\_\_ Conditional Accept. \_\_\_ Reject \_\_\_

N.C. License \_\_\_ Area \_\_\_\_\_

PLEASE TYPE OR PRINT

NAME \_\_\_\_\_

Last

First

Middle

Maiden

Social Security # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Street

City

State

ZIP

SCHOOL NAME AND ADDRESS \_\_\_\_\_

Name

Address

City

State

ZIP

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ SCHOOL PHONE (\_\_\_\_) \_\_\_\_\_

PERMANENT E-MAIL \_\_\_\_\_ SCHOOL E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

Last

First

Relationship

Phone

Sex: F \_\_\_ M \_\_\_

Are you Hispanic or Latino? Y \_\_\_ N \_\_\_

Also, select one or more of the following racial categories to describe

yourself:

Marital Status: S \_\_\_ M \_\_\_ D \_\_\_

American Indian or Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Black or African American \_\_\_\_\_

White \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Previously attended Catawba College: \_\_\_ No \_\_\_ Yes Date Attended \_\_\_\_\_

**EDUCATIONAL EXPERIENCE**InstitutionDates AttendedDegree**PROFESSIONAL EXPERIENCE**SchoolAddressGrade/SubjectDates

REFERENCES

<u>Name</u>	<u>Institution</u>	<u>Address</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DESIRED ENTRANCE DATE:    Fall 20\_\_\_\_                      Spring 20\_\_\_\_                      Summer Session 20\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Catawba College admits students without regard to religious creeds, race, sex, national origin, or handicap.*  
2300 W. Innes Street    Salisbury, North Carolina 28144-2488    1-800-CATAWBA    (704) 637-4461  
*Revised July, 2011*



**APPLICATION GUIDE**  
**Master's Degree Program**

**How to Apply**

1. Request an application by writing or calling  
Dr. Lou W. Kasias, Graduate Program Director  
Catawba College  
2300 West Innes Street  
Salisbury, NC 28144-2488  
Telephone – 704- 637-4461 or 4462  
1-800-CATAWBA  
FAX – 704-637-4732  
E-mail – [lkasias@catawba.edu](mailto:lkasias@catawba.edu)  
[jvsnider@catawba.edu](mailto:jvsnider@catawba.edu)
  
2. Submit the following directly to the Graduate Program Director or to the Department Administrative Assistant:
  - a. **two** official transcripts from each college/university attended (These should be mailed from the institution directly to the Department of Teacher Education, Catawba College.)
  - b. the completed application forms, the health history and immunization form and documents, and the \$25.00 application fee;
  - c. a copy of the National Teacher Examination (NTE) scores, PRAXIS scores, or test scores used by other states and accepted by the State of North Carolina for reciprocal licensing;
  - d. a copy of the applicant's teacher's license; and
  - e. three references from individuals who have direct knowledge of the applicant's academic and/or professional performance (reference forms accompany the application form). At least one form should be completed by the applicant's principal or assistant principal.
  
3. Request an appointment through the office of the Director of the Graduate Program for an admission interview.

## **WHEN TO APPLY**

Prospective students should apply for admission not less than one month before the beginning of the term for which entry is intended.

## **ADMISSIONS REQUIREMENTS**

An applicant for regular status in the graduate program is expected to

1. show evidence of having received a baccalaureate degree from an accredited institution of higher education with a grade point average of 3.0 or greater (on a 4.0 scale);
2. hold, or be eligible to hold, a North Carolina Standard Professional 1 or 2 license in Elementary Education;
3. provide evidence of acceptable National Teacher Examination scores, PRAXIS scores, or test scores used by other states and accepted by the State of North Carolina for reciprocal licensing;
4. provide three satisfactory letters of recommendation from persons who have knowledge of the applicant's academic and professional performance or potential;
5. complete a satisfactory interview with the Director of the Graduate Program;
6. complete and submit all necessary application forms including a personal statement concerning reasons for desiring graduate study; and
7. provide health history and immunization history as requested on the Catawba College Health Form. Questions regarding the applicant's health history or immunizations should be directed to Kathi Welborn, R.N., Director of Health resources -- (704) 637-4404; FAX (704)-637-4234; e-mail [kwelborn@catawba.edu](mailto:kwelborn@catawba.edu)

Applicants must be currently teaching in a K-6 classroom and should have at least one year of teaching experience.

Conditional admission may be granted to an applicant with an undergraduate grade point average slightly under 3.0 if there is evidence of academic ability sufficient to complete the program. Under such circumstances, the conditionally-admitted person must maintain a 3.0 average for the first four courses taken to be eligible to continue.

Catawba College will accept up to six semester hours of transfer credit for graduate courses taken at other regionally accredited graduate degree granting institutions. No grades will be given for such credit, nor will these credits be considered in the computation of a final grade point average.

## Graduate Study Recommendation

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

Person Making Recommendation:

Relationship to Applicant: \_\_\_\_ Colleague \_\_\_\_ Principal  
Assistant Principal \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Name and Position

How long have you known the applicant?

Address:

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Catawba College's graduate program goals and objectives are based on North Carolina's *Standards for Graduate Teacher Candidates*, which are parallel to and expand upon the *North Carolina Professional Teaching Standards*. These are advanced standards, used as guidelines in preparing teacher leaders who facilitate the creation of healthy educational environments, have deep knowledge and skills in their content and curriculum, use research in making decisions about effective practice for student learning, and are continuous, reflective practitioners who model the values of lifelong learning, critical thinking, problem-solving, and innovation.

To best determine how to help our incoming master's candidates, we would like your input in identifying this applicant's strengths and weaknesses. From your opportunities in working with and observing this teacher, indicate your perception regarding how well he or she meets the following standards. Use a rating system of 1 to 10, with 10 being the highest rate.

I perceive this master's applicant as being	Rate from 1-10	Comments (Optional)	No Chance to Observe
a teacher leader who can communicate and collaborate with colleagues; facilitate the mentoring and coaching of novice teachers; set goals and priorities that initiate positive student learning; and actively participate in professional learning communities.			
a teacher leader who can establish a respectful educational environment for a diverse population of students, their families, and the community.			
a teacher leader who has content and curriculum expertise regarding the subjects he or she teaches and can integrate 21 <sup>st</sup> century content and skills into educational practices.			
a teacher leader who can facilitate student learning through evidence-based practice informed by research and can design, implement, and reflect upon his or her own action research conducted in his or her school setting.			
a teacher leader who is reflective regarding his or her own teaching practices; uses problem-solving skills to improve and make innovations that increase student performance; and models the behavior of a life-long learner.			

I recommend the applicant for graduate study: \_\_\_\_ Highly      \_\_\_\_ Without reservation      \_\_\_\_ With reservation

Please provide any additional information you feel may be helpful. You may use the back of this form.

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

Please mail to  
Graduate Education Office  
Catawba College  
2300 W. Innes Street  
Salisbury, North Carolina 28144-2488

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

~~~~~  
*Applicant's Waiver of Right of Access to Confidential Statement. I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.*

\_\_\_\_\_

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|----------------------|
| a teacher leader who can communicate and collaborate with colleagues; facilitate the mentoring and coaching of novice teachers; set goals and priorities that initiate positive student learning; and actively participate in professional learning communities. |                |                     |                      |
| a teacher leader who can establish a respectful educational environment for a diverse population of students, their families, and the community.                                                                                                                 |                |                     |                      |
| a teacher leader who has content and curriculum expertise regarding the subjects he or she teaches and can integrate 21 <sup>st</sup> century content and skills into educational practices.                                                                     |                |                     |                      |
| a teacher leader who can facilitate student learning through evidence-based practice informed by research and can design, implement, and reflect upon his or her own action research conducted in his or her school setting.                                     |                |                     |                      |
| a teacher leader who is reflective regarding his or her own teaching practices; uses problem-solving skills to improve and make innovations that increase student performance; and models the behavior of a life-long learner.                                   |                |                     |                      |

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

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

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\_\_\_\_\_

# CATAWBA COLLEGE

To: All Graduate Students  
From: Lou Ann Kasias, Director of the Graduate Program  
Kathi Welborn, RN, Director of Health Services  
Regarding: Compliancy for Student Status for the State of North Carolina

The state of North Carolina requires **all students taking four or more credit hours** in a semester (each three-week summer session is considered to be one semester) to provide proof of immunization to Health Services. Failure to do this can result in the student being suspended from Catawba College.

Proof of immunizations must be a copy of a physician-signed document confirming the immunization record or a copy of a public document, such as a high school transcript indicating proof of immunizations.

Requirements for student status are the following:

1. Dates of DPT immunization. This is usually given in infancy.
2. Date of a tetanus booster in the last 10 years.
3. Dates of measles, mumps, and rubella immunization. If dates cannot be obtained, a copy of a titer (blood test) may be submitted to assure immunity. (Not required if born before 1/1/57)
4. Date polio series was completed.

Immunizations that are not recorded may be received in Health Services for a charge of \$17.00. The Health Services Center is open Monday through Friday from 8 a.m. – 4:30 p.m.

Health Services **does not** require a physical exam or a Tuberculin test from graduate students.

The completed health history and immunization record **must be submitted** to

Dr. Lou Kasias, Director of the Graduate Program  
Catawba College  
2300 West Innes Street  
Salisbury, North Carolina 28144-2488

Any questions regarding these requirements should be addressed to

Kathi Welborn, R.N.  
704-637-4404  
FAX 704-637-4234  
[kwelborn@catawba.edu](mailto:kwelborn@catawba.edu)



Name \_\_\_\_\_

Proctor Student Health Center: Catawba College

IMMUNIZATION HISTORY

Mandatory

N.C. STATE LAW REQUIRES THAT ANY STUDENT NOT PRESENTING PHYSICIAN-SIGNED IMMUNIZATION MUST BE IMMUNIZED DURING THE INITIAL 30 DAY OF THE SEMESTER. NON-COMPLIANCE REQUIRES REMOVAL FROM SCHOOL. COPIES OF THE N.C. HIGH SCHOOL IMMUNIZATION CERTIFICATION OR OFFICIAL DOCUMENTATION ARE ACCEPTABLE IF UP-TO-DATE.

A. TETANUS-DIPHTHERIA

Tetanus-Perfussis-Diphtheria SERIES OF THREE DATES:

-AND-

Tetanus-Diphtheria-Booster or Tdap **WITHIN PAST 10 YEARS**

(Circle appropriate vaccine)

B. MEASLES, MUMPS, RUBELLA (MMR) - TWO DOSES REQUIRED

Dose 1 - On or after first birthday and before 16 mos of age

-AND-

Dose 2 - At least one month after 1st dose (\$17)

[MO] [DAY] [YR]

[MO] [DAY] [YR]

[MO] [DAY] [YR]

[MO] [DAY] [YR]

Date of Vaccination:

[MO] [DAY] [YR]

Date of Vaccination:

[MO] [DAY] [YR]

Date of Vaccination:

IF MMR NOT GIVEN, PROCEED TO C, D AND E.

C. MEASLES (RUBEOLA) Check one (not required if born before 1/1/57)

1. Two doses required

Dose 1-Immunization on or after 1st birthday

-AND-

Dose 2-At least one month after 1st dose

2. Had disease; confirmed by office record

-OR-

3. Report of positive immune titer

Date of Vaccination:

[MO] [DAY] [YR]

Date of Vaccination:

[MO] [DAY] [YR]

Date of Disease:

[MO] [DAY] [YR]

Date of Titer:

[MO] [DAY] [YR]

D. RUBELLA - History of disease is NOT acceptable verification. Check one (not required if 50 years old or older)

1. Immunization on or after 1st birthday

-OR-

2. Has report of positive immune titer

Date of Vaccination:

[MO] [DAY] [YR]

Date:

[MO] [DAY] [YR]

E. MUMPS - Check one (not required if born before 1/1/57)

1. Immunization on or after 1st birthday

-OR-

2. Had disease; confirmed by office record

Date of Vaccination:

[MO] [DAY] [YR]

Date of Disease:

[MO] [DAY] [YR]

F. POLIO -

1. Completed primary series  no  yes; Type of vaccine  OPV  IPV

Last Booster Date:

[MO] [DAY] [YR]

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE MAIL COMPLETED FORM 30 DAYS PRIOR TO ENROLLMENT.