



GRADUATE STUDIES APPLICATION FOR ADMISSION

APPLICATION PROCESS

The following items are required:

1. A completed application form for Graduate Admission.
2. A non-refundable \$30.00 application fee (check payable to Spalding University).
3. One OFFICIAL transcript from EACH college or university attended, sent directly to the Spalding University Office of Graduate Admissions. **Transcripts marked "issued to student" are not considered as official transcripts.**
4. Official GRE scores sent directly to Spalding University (the ETS Institutional Code is R1552); MAT scores are acceptable for programs in education or religious studies as well as in other specific programmatic instances (see below). Those persons applying to pastoral ministry, fine arts in writing, certificate, and endorsement programs do not require test scores. Social work applicants with a cumulative G.P.A. 2.8 or greater are not required to provide additional data. Those with a cumulative G.P.A. below 2.8 are required to submit GRE or MAT scores. Occupational Therapy applicants with a cumulative G.P.A. of below 3.0 are required to submit GRE or MAT scores.
5. TOEFL scores required from those for whom English is a second language. (If the GRE is taken prior to admission, the TOEFL requirement is waived.)
6. International students are required to submit an Affidavit of Financial Support.
7. Application/Information as required by School or Department.

All application materials should be forwarded to:

Admissions Office
Spalding University
851 South Fourth Street
Louisville, KY 40203-2188
Phone: 502-585-7105 or 800-896-8941 Ext. 2105
Email: gradadmissions@spalding.edu

FINANCIAL AID PROCESS

If you wish to apply for financial aid, you must submit: A Free Application for Federal Student Aid Form (FAFSA).
This form can be secured by contacting:

Office of Enrollment Services/Financial Aid
Spalding University
851 South Fourth Street
Louisville, KY 40203-2188
Phone: 502-585-7185 or 800-896-8941 Ext. 2185
Email: enrollment@spalding.edu

NOTE: Financial aid applications which are completed by **March 15** will be given first consideration for assistance.

APPLICANT INFORMATION

ID Number (office use only)

Social Security Number _____ Date _____

Legal Name _____ Birthdate _____

(First) (Middle) (Last) (Maiden)

Street Address _____ Home Telephone (____) _____

City _____ County _____ ST _____ Zip _____ Country _____

Work Phone (____) _____ E-mail Address _____ Citizenship _____

Optional Information Required for Government Reports

Sex _____ Race _____ Marital Status _____

Have you previously applied to Spalding University? Yes _____ No _____ Year _____

If yes, under what name did you apply? _____

ADMISSION INFORMATION

When do you plan to begin classes? Term: Fall Spring Summer Year _____

Do you plan to attend classes: Full-time (9 hours or more) Half-time (6-8 hours) Less than half-time (1-5 hours)

Where do you plan to live while attending Spalding? Residence hall Off campus

PERSONAL INFORMATION

Name of emergency contact person _____ Relationship _____

Address of Contact Person _____ Telephone (____) _____

Your religious preference, if any (optional) _____

Please list any member of your family who is currently a student at, or who graduated from, Spalding:

Name	Relationship	Year of graduation
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Name	Relationship	Year of graduation
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EXPERIENCE

Have you had professional or volunteer experience? If so, please tell us about your last two positions, including any currently held:

Current or latest employer	Address	(Area) Phone #	Position held	Dates
Current or latest employer	Address	(Area) Phone #	Position held	Dates

EDUCATION

Name of high school _____ City and state (or country if not U.S.) _____

Date of graduation or GED _____ Location where GED was taken (city, state) _____

List all colleges you have attended, starting with most recent. Attach separate sheets if necessary.

College	State or Country (if not U.S.)	Degree/Date	Dates attended
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TESTS TAKEN: (Indicate year) GRE (Year): _____ MAT (Year): _____ TOEFL (Year): _____

If required tests have NOT been taken, indicate name of test anticipated date _____

DEGREE PROGRAMS

SCHOOL OF EDUCATION

Code	Degree
___ MATA	Master of Arts in Teaching (Alternative Program)
___ MATC	Master of Arts in Teaching (Early Childhood)
___ MATE	Master of Arts in Teaching (Elementary)
___ MATM	Master of Arts in Teaching (Middle Grades)
___ MATS	Master of Arts in Teaching (Secondary)
___ MATL	Master of Arts in Teaching (LBD P-12)
___ MAED	Master of Arts in Education
___ MAEC	Master of Arts in Education: Early Childhood
___ MAEA	Master of Arts in Education: Educational Administration
___ MAGC	Master of Arts in Education: School Guidance Counseling
___ MAML	Master of Arts in School Media Librarianship
___ EDD	Doctor of Leadership Education

SCHOOL OF PROFESSIONAL PSYCHOLOGY

Code	Degree
___ MAPS	Master of Arts in Clinical Psychology
___ PSYD	Doctor of Psychology in Clinical Psychology
	Choose one emphasis:
	General Emphasis
	Health Psychology Emphasis
	Child/Adolescent/Family Emphasis
	Adult Psychology Emphasis

SCHOOL OF SOCIAL WORK

Code	Degree
___ MSW	Master of Social Work

NON-DEGREE STUDENTS

Code	Degree
___ ND	Non-Degree _____
	(list school or department)

CERTIFICATION PROGRAMS

Code	Degree
___ CLAW	Certificate Program for Education in Law
___ ENCS	Endorsement for Computer Science
___ ENMC	Endorsement for Montessori Certificate
___ ENRW	Endorsement for Reading and Writing
___ FYE	Fifth Year Equivalency (Rank II)
___ FYMC	Fifth Year (Rank II) Montessori Certificate
___ SYP	Sixth Year Program (Rank I)
___ SYEC	Sixth Year Program (Rank I) Early Childhood
___ SYEA	Sixth Year Program (Rank I) Educational Administration
___ SYRW	Sixth Year Program (Rank I) Reading and Writing
___ SYGC	Sixth Year Program (Rank I) School Guidance Counseling
___ SYMC	Sixth Year (Rank I) Montessori Certificate
___ SYML	Sixth Year Program (Rank I) School Media Librarianship
___ SCGC	Standard Certificate School Guidance Counseling
___ CPNP	Certification for Pediatric Nurse Practitioner
___ CANP	Certification for Adult Nurse Practitioner
___ GCML	Certification in Ministry Leadership
___ DMGC	Deaconate Ministry

SCHOOL OF NURSING

Code	Degree
___ MSNL	Master of Sciences in Nursing in Leadership in Nursing and Health Care
___ MSNF	Master of Science in Nursing in Family Nurse Practitioner
___ MSAN	Master of Science in Nursing in Adult Nurse Practitioner
___ MSRN	RN to MSN Bridge Program

RUSSELL INSTITUTE OF RELIGION AND MINISTRY

Code	Degree
___ MARS	Master of Arts in Religious Studies
___ MAPM	Master of Arts in Pastoral Ministry

AUERBACH SCHOOL OF OCCUPATIONAL THERAPY

Code	Degree
___ MSOT	Master of Science in Occupational Therapy

COLLEGE OF ARTS & SCIENCES

Code	Degree
___ MFAW	Master of Fine Arts in Writing

NOTE: Non-degree students who later decide to enter a graduate degree program at Spalding must formally apply to that program. Only six credit hours of coursework taken as a non-degree student will transfer into a degree program.

FOR OFFICE USE ONLY	
ADVISOR	
ACADEMIC LEVEL	
ACADEMIC STATUS	
SPECIAL STATUS	
ENTERING TERM	
TRANSCRIPTS	
ENTRY DATE	
EXPECTED GRADUATION DATE	
DATE ADMITTED—Graduate Council	
GRADUATION TERM	
GRE SCORES: Date _____ V _____ Q _____ A _____	MAT SCORE _____ TOEFL SCORE _____
DEGREE SOUGHT	
APP. FEE PAID	
RECIEVED BY AND DATE	

INFORMATION REQUIRED FROM INTERNATIONAL APPLICANTS

Country of Citizenship _____ Your passport issued by _____

Official Name on Passport _____ Passport expiration date _____

Have you been issued a Visa? Yes No

Visa Type _____ Issue Date _____ Expiration Date _____

TOEFL score, if known _____ Date of TOEFL _____ Years you have studied English _____

Note: Each international applicant is required to provide proof of the necessary financial resources to fund the cost of educational expenditures while at Spalding University. The United States Immigration Naturalization Service requires international applicants to submit an affidavit of financial support when applying for an I-20 form.

I certify that all of the answers I have given in this application for admission to Spalding University are complete and accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

Please send completed application form and non-refundable application fee of \$30.00 to:

**Admissions Office
Spalding University
851 South Fourth Street
Louisville, KY 40203-2188**

**Email: gradadmissions@spalding.edu
www.spalding.edu**

**Phone: 502-585-7105
800-896-8941 Ext. 2105**

Fax: 502-585-7158

*Admission is open to all qualified applicants regardless of race, religion,
color, gender, sexual orientation, age, national origin, or disability.*

Spalding University reserves the right to use and publish photographs taken of students.
If you do not wish to be photographed, please contact the Marketing Office.