ST. CLOUD STATE
U N I V E R S I T Y

A tradition of excellence and opportunity

APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAM
SIXTH YEAR IN EDUCATIONAL ADMINISTRATION AND LEADERSHIP

Materials Required to Complete the Application Process

- A completed application form.
- A $35 application fee. (The fee is waived if you have been admitted to a previous program at St. Cloud State University.)
- Official undergraduate and graduate transcripts showing completion of a baccalaureate and masters degree. (If received from SCSU, we will obtain your transcript from our Office of Records.)
- To be eligible for this certificate, a student must have completed a graduate degree program at SCSU **OR** have completed a graduate degree program at another institution.
- Three letters of recommendation.
- Scores on the Graduate Records Examination. (A request can be made of the department for a waiver of this requirement. They must notify this office in writing if they wish to extend a waiver to the student.)

NAME: _____
First Middle Previous Last

STUDENT ID: _____ **SS NUMBER:** _____
(*Voluntary, for ID purposes only)*

CURRENT ADDRESS: _____
Street Address City State/Country Zip/Postal Code

_____ _____ _____
Current Home Number Work Number E-mail Address

PERMANENT ADDRESS: _____
(if different from above) Street Address City State/Country Zip/Postal Code

Permanent Phone Number:_____

CITIZEN/RESIDENT

☐ Citizen of the United States: Resident of which state? _____

☐ Resident Alien of United States: Resident of which state? _____

☐ International Student: Resident of which country? _____

Please attach a 1-2 paragraph statement of interest and objectives in pursuing the Sixth Year certificate program in Educational Administration and Leadership.

ACCESS TO ADMISSION APPLICATION FILE

St. Cloud State University complies with federal and state privacy laws and regulations. Those who may gain access to information in your file are staff and faculty at SCSU who have a need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state or federal law. In addition, you may review your own file. No one else may view your file without your written consent or a subpoena or court order. **If you want the University to give your information to someone else such as parents, spouse, other relatives, or friend, you must complete and sign this section of the application**. This consent will remain in effect for one year from the date you sign unless you advise the University earlier that you want to withdraw your consent. If you give someone else access to your file, that person may be able to help us process your application.

I authorize the following person(s) to receive information in my St. Cloud State University application file.

☐ YES ☐ NO

Name _____

Relation to me _____

Address _____
Street City State Zip Code

Applicant' s Signature _____ Date _____

SIGNATURE REQUIRED BY ALL APPLICANTS

☐ I certify that the information given on this application and on all other application materials is complete and correct to the best of my knowledge. I understand that I am responsible for the forwarding of official transcripts from colleges and universities I have attended, and that such transcripts become the property of SCSU and will not be returned. I understand that falsification of my records may be cause for SCSU to void either my admission or registration or take other appropriate action.

Applicant' s Signature _____ Date _____

Return to: School of Graduate Studies
121 Administrative Services Building
St. Cloud State University
720 Fourth Avenue South
St. Cloud, MN 56301-4498

FOR OFFICE USE ONLY

Application Received _____ Date Admitted to Program _____