

Applicant Checklist

Please submit:

- _____ A completed application form.

- _____ A copy of your Master's degree diploma in education or a related field.

- _____ Evidence of five years of full-time professional experience in a K-12 setting:
 - a) a copy of your educator certificate(s)
and;
 - b) a letter from an administrator who works in an accredited institution.

- _____ A one- to two-page resumé.

- _____ A \$100 nonrefundable application fee.

- _____ Official transcripts from all colleges and universities that you have attended; a minimum cumulative GPA of 3.0 for all previous graduate course work is required , as well as a 2.8 GPA for all undergraduate work.

- _____ An official score on the GRE or MAT (taken within the past 5 years).
In addition, the TOEFL is required for all international students.

- _____ Three recommendations (use enclosed forms).

Selected candidates will be contacted for follow up interviews in the spring.

All materials should be sent to:

Doctoral Admissions Review Committee
Division of Graduate Studies
Western Connecticut State University
181 White Street
Danbury, CT 06810
Website: www.wcsu.edu/edd
e-mail: graduateadmissions@wcsu.edu



telephone: 203 837-8244
fax: 203 837-8326

www.wcsu.edu

DOCTORATE OF EDUCATION: INSTRUCTIONAL LEADERSHIP

APPLICATION FOR ADMISSION



WESTERN
CONNECTICUT
STATE UNIVERSITY

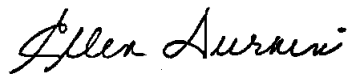
Congratulations on your decision to consider Western Connecticut State University's Ed.D. in Instructional Leadership program. WestConn's program is unique in the state of Connecticut. In fact, only a dozen other institutions in the country offer such a doctorate.

Our Ed.D. program prepares classroom teachers and professional educators to assume leadership roles and to create innovative learning environments in their educational settings. Students will apply their knowledge of current leadership theory and practice, curriculum and instruction, and assessment and inquiry to real-life educational challenges. Skilled support will be provided by our excellent faculty, practitioners and mentors throughout the dissertation sequence. And students will remain with the same cohort over the course of the program, gaining peer support and opportunities for research collaboratives.

Applicants should submit all required materials to the Division of Graduate Studies. These will be reviewed, and selected candidates will be invited for an interview with the doctoral admissions review committee. Our fourth cohort of approximately 20 students will join our community of Scholars in Fall 2009.

Western Connecticut State University is proud of its first Ed.D. program, one supported by an advisory committee of scholars and administrators in the Connecticut/New York region. For additional information, please contact the Division of Graduate Studies at 203 837-8244.

Best wishes in your future studies

A handwritten signature in black ink that reads "Ellen Auerani". The signature is written in a cursive, flowing style.

Dean, Graduate Studies and External Programs

DATE OF APPLICATION _____

NAME (LAST, FIRST, MIDDLE INITIAL) _____

MAIDEN NAME _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH (CITY, STATE) _____

STREET ADDRESS _____ TELEPHONE NUMBER (INCLUDE AREA CODE) _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

Citizenship: US Citizen Permanent Visa F-1 Student Visa F-2 Student Visa Other Visa Status

Alien Information: Do you hold an Alien Registration Receipt Card (Green Card)?
 No Yes, please enclose photocopy of both sides of your Green Card. Alien No. _____

EMPLOYER _____ EMPLOYER TELEPHONE (INCLUDING AREA CODE) _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____

How did you first hear about WestConn's Ed.D. Program? _____

EDUCATION: List all other colleges and universities attended:

COLLEGE/UNIVERSITY NAME	DATES ATTENDED	SPECIALIZATION/MAJOR	DEGREE EARNED	DEGREE DATE

(If needed, attach a separate sheet to indicate additional colleges)

EMPLOYMENT/TEACHING EXPERIENCE:

DATE	POSITION	EMPLOYER	ADDRESS

(If needed, attach a separate sheet to indicate additional employment/teaching experience)

TESTING INFORMATION:

TEST TAKEN	DATE TAKEN	SCORES

I certify that all of the information I have provided is accurate.

SIGNATURE OF APPLICANT _____ DATE _____

DATA: *(optional; for research use only)*

- Sex: Male Female
 Ethnicity: Native American African American White, Non-Hispanic
 Asian/Pacific Islander Hispanic Do Not Wish to Reply

Specific educational background

Please provide information indicating the specific institution(s), course number(s), course name(s), and grade(s) from your undergraduate or graduate transcripts pertaining to each of the following key educational areas and/or briefly describe your professional experience in each.

1. Curriculum and Instruction

2. Educational Technology

3. Foundations of Education

4. Measurement and Evaluation

5. Special Education

SIGNATURE

DATE

Personal Statement Regarding Your Professional Goals

Please respond to the two questions below. Your responses should be typed in double-spaced format and each answer should not exceed 350 words.

1. Explain your personal and professional reasons for seeking an Ed.D. in Instructional Leadership. Be specific as to knowledge base, skills and dispositions you hope to develop.
2. Describe a difficult or challenging situation that occurred in your educational setting and the leadership role you played in the resolution of that situation. Include a description of the personal attributes or characteristics that you employed.

SIGNATURE

DATE

Recommendation Form for Applicants to the Ed.D. in Instructional Leadership Program

APPLICANT

NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS

TELEPHONE NUMBER (INCLUDE AREA CODE)

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

I waive the right to have access to recommendations submitted on my behalf.

APPLICANT SIGNATURE

DATE

INDIVIDUAL MAKING THE RECOMMENDATION

NAME (FIRST, MIDDLE, LAST)

TITLE & CURRENT AFFILIATION

Would you be available for a follow-up phone call to discuss this applicant? Yes No

If you answered "Yes," please provide the following information:

TELEPHONE NUMBER (INCLUDE AREA CODE)

Directions: In order for members of the Doctoral Admissions Review Committee to know more about each applicant's demonstrated characteristics and future potential related to instructional leadership, please complete the following information.

1. How long have you known the applicant?
2. In what capacity have you known the applicant (i.e., as a principal, department chair, superintendent)?

3. In your opinion, please indicate the applicant's ability to demonstrate (mark the correct box):

	Below Average	Average	Above Average	Superior
a. the capacity to undertake doctoral work				
b. the motivation and tenacity to complete a challenging academic program				
c. the interpersonal skills to be a successful leader in an educational setting				
d. the communication skills to address a variety of audiences				
e. the collaborative skills to work with individuals who have diverse perspectives				
f. the creativity to design and implement new programs				
g. the insight to apply successful solutions to educational problems				
h. the ethical and moral character expected of professional educators				
i. the teaching skills expected of an instructional leader				
j. the organizational skills to implement a complex project				
k. the writing skills needed to complete a dissertation				

Additional comments:

4. How has this individual taken an active leadership role in the district, school, or in his or her classroom? Please provide an example.

5. In which areas of personal or professional development could this individual continue to grow while pursuing this degree?

SIGNATURE

DATE

Return this completed form by **March 1** to: Doctoral Admissions Review Committee, Division of Graduate Studies, WCSU, 181 White Street, Danbury, CT 06810

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CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

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