

Superintendent Letter of Eligibility  
Summary of Submission

**Graduate Studies**

Please complete this form and send it in with your completed Application Form and supporting credentials.

1. Application for Admission
2. Three (3) Letters of Reference (At least one must be from a supervisor or individual familiar with your professional experience.)
3. Application Fee of \$50.00 (non-refundable)
4. Official Transcript from every College or University attended
5. Evaluation credential for all transcripts from college or universities where English is not the language of instruction. (For example: World Education Services (WES) or comparable recognized credential evaluation company.)
6. Statement of Intentions
7. Professional Résumé
8. Copy of Administration I or Administrative II Certificate

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

All application materials should be sent to:

The University of Scranton  
College of Graduate and Continuing Education  
Office of Online and Off Campus Programs  
800 Linden Street, OHA 120  
Scranton, PA 18510-4632



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

Do you think your past academic record is a reasonably fair indication of your present ability to pursue graduate study? Yes \_\_\_\_ No \_\_\_\_ (If “no” please explain below.)

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

**III. WORK HISTORY**

List current and other recent work experience you have had, especially that relevant to your proposed graduate program. List current or most recent employer first.

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. OTHER BACKGROUND INFORMATION**

List other information such as awards, volunteer activities, special experiences or skills that may be relevant to evaluating your application.

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

**V. REFERENCES**

List the names, positions and addresses of three persons from whom you have requested letters of reference in support of your application. You will find forms for this purpose later in the application.

Name	Position/Organization	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: At least one of the three letters of reference must be from a supervisor or an individual familiar with your professional experience. If you have been out of school for some time so that letters from former professors are inappropriate or difficult to obtain, then letters may be obtained from persons such as work supervisors or colleagues.

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

**VI. STATEMENT OF INTENTIONS**

On a separate sheet of paper, please provide a brief description of your reasons for pursuing graduate study, what you expect to gain from the program and any special background factors which you think will help your studies. Please limit your statement to one page. Please attach to the statement, your resume and a copy of your business card.

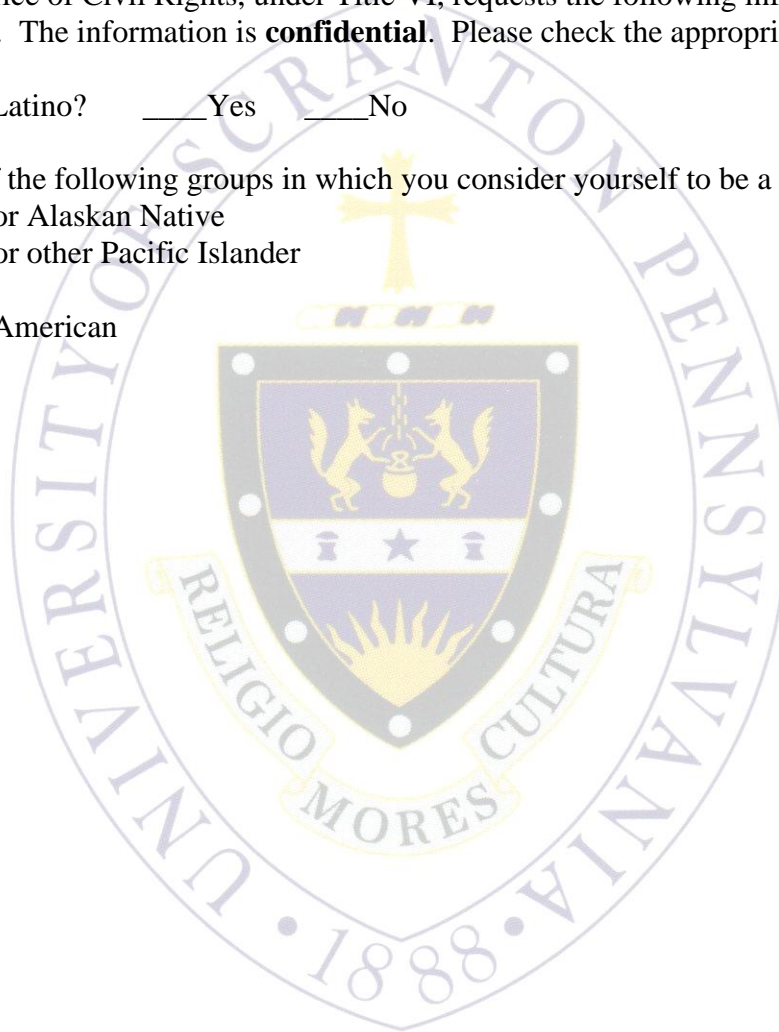
**VII. ETHNIC BACKGROUND (RESPONSE VOLUNTARY)**

The United States Office of Civil Rights, under Title VI, requests the following information from higher education institutions. The information is **confidential**. Please check the appropriate item.

Are you Hispanic or Latino?     Yes     No

Check one or more of the following groups in which you consider yourself to be a member:

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- Black or African American
- White



**FOR GRADUATE OFFICE USE ONLY**

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

Royal ID: R \_\_\_\_\_

**Departmental Recommendation:**

Regular Admission

Probationary Admission  
Requirements:

◆ Must maintain cumulative GPA of 3.0 in first 9 graduate

◆ \_\_\_\_\_  
Must maintain a grade of C or better in each course.

Admission Denied

Reason: \_\_\_\_\_

**Departmental Signatures:**

\_\_\_\_\_  
Chair/Program Director Date

\_\_\_\_\_  
Mentor (optional) Date

**Dean's Action:**

\_\_\_\_\_  
Initial and date

**Initial Term:** \_\_\_\_\_ **Mentor** \_\_\_\_\_

**Graduate Studies**

**THE APPLICANT: FILL OUT THIS PART.**

Then give this form to the person serving as a reference.

Provide the reference a stamped, self-addressed envelope.

APPLICANT'S NAME: \_\_\_\_\_

GRADUATE PROGRAM APPLIED FOR: Superintendent Letter of Eligibility

DESIRED TERM OF ENTRY TO PROGRAM: \_\_\_\_\_

I DO \_\_\_ DO NOT \_\_\_ waive my right to see the completed Letter of Reference in my file.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO THE PERSON SERVING AS A REFERENCE:**

*You may complete this form or submit a separate letter including comments on the items listed on the back - whichever is more convenient for you.*

*If you are submitting a separate letter, please return this form with your letter since it contains the applicant's statement of waiver/non-waiver of access to the Letter of Reference. Please note that, by federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she may see it after it is submitted.*

*Thank you for helping us evaluate the suitability of this person for entry into Graduate Studies at The University of Scranton.*

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

For how long and in what capacity have you known the applicant?

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

How would you rate the applicant's academic ability for pursuing graduate study in his/her chosen field?

POOR  FAIR  GOOD  VERY GOOD  OUTSTANDING  DON'T KNOW

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

How would you rate the applicant's motivation to study at the graduate level?

POOR  FAIR  GOOD  VERY GOOD  OUTSTANDING  DON'T KNOW

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

How would you rate the applicant's personal qualities for succeeding in his/her chosen field?

POOR  FAIR  GOOD  VERY GOOD  OUTSTANDING  DON'T KNOW

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

Provide any other comments you would like to make that will be helpful in evaluating the applicant.

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

NAME (print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THE UNIVERSITY OF  
**SCRANTON**<sup>®</sup>  
A JESUIT UNIVERSITY  
**Graduate Studies**

Transcript Request

**To be completed by the applicant**

If you have attended more than one college or university you may photocopy this form.

Name \_\_\_\_\_

MaidenName \_\_\_\_\_

School \_\_\_\_\_

Degree \_\_\_\_\_

Year Graduated \_\_\_\_\_

U.S. Social Security No. \_\_\_\_\_

I authorize the release of my academic transcript to The College of Graduate and Continuing Education,  
The University of Scranton.

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

**To Be Completed By The Registrar**

The person named above is applying to a graduate program at The University of Scranton. Our admissions procedure requires that an official transcript be sent along with the application form.

Please complete this form and place the transcript of the above named individual into the enclosed self-addressed envelope. Then seal the envelope, sign across the seal, and return to:

The University of Scranton  
College of Graduate and Continuing Education  
Office of Online and Off Campus Programs  
O'Hara Hall, Room 118  
Scranton, PA 18510-4632

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

Institutional Seal