Graduate Admissions Requirements

All candidates must apply for admission to the University of Arkansas at Monticello in the Office of Admissions and complete an application for the School of Education Graduate Program. Individuals applying for any one of the M.Ed. programs must provide the following to the School of Education Graduate Coordinator:

- Two official transcripts for each college attended
- Three letters of recommendation
- A copy of current teaching licensure
- Evidence of a cumulative grade point average of 3.0 overall or in the last 60 hours of coursework from an accredited college or university
- Submit adequate Graduate Record Exam (GRE) or Millers Analogy Test (MAT) scores:
  - GPA 2.50 – 2.59 GRE 288 & 4.5 or MAT 450
  - GPA 2.60 – 2.69 GRE 280 & 4.5 or MAT 410
  - GPA 2.70 – 2.79 GRE 250 & 4.5 or MAT 390
  - GPA 2.80 – 2.99 GRE 245 & 4.5 or MAT 370

Additional Requirements for the Master of Education in Educational Leadership Program

- All candidates applying for the Master of Education in Educational Leadership must submit a writing sample along with the application packet. The writing sample must address the prompt below.
  Describe and defend your leadership philosophy/vision for educating the whole child to succeed in the 21st century. Include reference to current research that supports your philosophy/vision.
- Proof of 4 years of teaching experience

Note: A Non-Degree seeking licensure candidate in Educational leadership will be admitted to the program after careful review of the candidate’s information and a prescribed program of study has been developed.
Application Instructions for Graduate Admissions

The School of Education Master of Education program use self-managed applications for admission. The candidate is responsible for collecting all required application materials, with the exception of any official test scores that may be required, and submitting the material in one packet. Missing documents may delay the evaluation of your application.

♦ The only items that should be sent separately are official GRE or MAT score reports if needed for admission. These MUST be sent directly from ETS. SCORES SENT TO THE APPLICANT WILL NOT BE ACCEPTED.

1. University Application Instructions
♦ Complete the Application on-line for the University of Arkansas at Monticello. The application can be found at https://www.uamont.edu/forms/admissions/admissionsform2.asp

Additionally, please provide the ADMISSIONS OFFICE WITH ALL REQUIRED INFORMATION. THE ADMISSIONS OFFICE APPLICATION REQUIREMENTS ARE FOR THAT OFFICE ONLY AND WILL NEED TO BE SENT DIRECTLY TO THAT OFFICE.

2. Graduate Program Application Instructions
♦ Complete the application packet for graduate program admission. All the information requested is required before the application will be processed. Also include a copy of the applicant’s teaching licensure.

3. Official Transcripts
♦ Submit Two official transcripts from each college and university attended. Transcripts are required for both undergraduate and graduate course work. A transcript request form is provided to assist in the process. Complete the transcript request form and submit it to each university’s registrar. The registrar will return the transcripts to the applicant in a sealed institution envelope. Do not open the envelope. Send the sealed envelope with the application material to the UAM School of Education Graduate Coordinator’s office.

♦ Transcripts from all colleges and universities attended (including UAM) must be submitted, regardless if the transcripts were provided in support of another application to UAM.

4. Letters of Recommendation
♦ Three professional letters of recommendation are required.
Master of Education Graduate Application for Admission

Mail completed packet to:

Coordinator for Graduate Programs
School of Education
University of Arkansas at Monticello
PO Box 3608
Monticello, AR 71656

Semester: ________ Year: ________
Program of Study:
Master of Education Program
Teacher Leader
Special Education K-12

Master of Education in Educational Leadership
Licensure ONLY
Special Education Additional Licensure K-12

(Please Print or Type)
Name: ___________________________ ___________________________ ___________________________
Last First Middle/Maiden

Address: __________________________________________________________
Street City State Zip

Social Security Number: ___________________________ Birthdate: ___________________________

Telephone
Home (______) ___________________________ School (______) ___________________________
Cell (______) ___________________________ Email ___________________________

How did you hear about the UAM Master of Education programs?

Education:
Please list in order of attendance each college or university you have attended (including UAM) regardless
of length of stay, amount of credits earned, or if the grades are listed on another school’s transcript.
School Location Dates Attended Credits/Degrees Awarded

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
Professional Experience:

Current School District/Employer ___________________________ Grade Level ________________

Current School District or School System Supervisor/Employer _________________________

Current School District/Employer Address ____________________________________________

Supervisor Phone Number (_____) ___________ Email _________________________________

Years of Teaching Experience _______

Areas and Levels of Current Teaching Licensure ________________________________

______________________________________________________________________________

I certify that the information given on this application is true and complete. I understand that if found otherwise, it is sufficient cause for possible rejection or dismissal.

Signature of Applicant ___________________________ Date _______________________

The University of Arkansas at Monticello School of Education does not discriminate based on race, religion, gender, color, or national origin and complies with applicable state and federal laws.
Transcript Request Form

To the applicant:
Please complete this form to request (2) official transcripts from all colleges/universities attended. Photocopy this form as needed. The institution will return transcripts to the applicant in an official sealed envelope. Transcript envelopes should not be opened by the applicant and should be mailed with all other application documents.

Please note: Many institutions charge a fee for transcripts. Check the institution’s transcript policy in advance.

Please Print or Type

Applicant’s Name ________________________________________________________________

Last  First  Middle/Maiden

Mailing Address ________________________________________________________________

College/University ______________________________________________________________

Social Security Number or Student Identification Number __________________________

Dates of Attendance ______________________  Degree and Year ______________________

I authorize the release of two official transcripts of my academic record to the School of Education, University of Arkansas at Monticello.

Signature ___________________________  Date ___________________________

To the Registrar:
The individual named above is applying to the School of Education at the University of Arkansas at Monticello and request that two (2) official transcripts be released to us. Please enclose this form with the transcripts in your envelope. Seal the envelope, sign across the seal, and return the sealed envelope to the applicant so it can be included with his or her application packet. If the institution has a policy that prohibits the release of transcripts to students, please send the transcripts to the Coordinator for Graduate Programs, School of Education, University of Arkansas at Monticello, PO Box 3608, Monticello, AR 71656.
Personal and Professional Fitness Declaration:

Answer the questions below by circling “Yes” or “No.” **If you answer “Yes” to any question you must submit a full explanation,** which includes: 1) details of the incident and/or arrest; 2) specific charge made; 3) consequences; and 4) a reflection on the incident and how the incident has impacted your life. **Please use a computer to generate your explanation, and give careful attention to mechanics of writing, grammar, and spelling.** Please sign and date.

1. Have you ever been convicted of a felony or misdemeanor (other than a moving traffic violation), been found guilty or entered a plea of nolo contendere (no contest), even if adjudication was withheld in Arkansas or any other state?

   - Yes
   - No

   Date: ________________

   Check applicable box (es)

   - □ Misdemeanor
   - □ Felony

   Specific Charge: ________________

2. Have you ever, for reason of inappropriate behavior, including academic dishonesty, been denied entrance to, failed to complete a class or program, or been dismissed from a school, college, or university? Or is such action pending?

   - Yes
   - No

   Date: ________________

   Name of institution: ________________________________

I hereby affirm that all information supplied is complete and accurate. It is my understanding that I shall not be admitted to the Master of Education program until I have submitted all credentials specified. I also understand that withholding information requested or giving false information will make me ineligible for admission and enrollment.

Signed: ____________________________ Date: ____________________________
Candidate Commitment Form:
Applicants must read and sign this form. Please initial each line indicating your agreement with each provision. Return this form with your M.Ed. application.

I agree to regularly submit class assignments and complete class requirements.

I agree to complete all degree requirements in a timely manner. I understand that I have six years to complete the degree requirements and the M.Ed. degree will not be awarded until all coursework and field experience hours have been completed.

I understand that courses over six years old will not count toward my degree without approval from the UAM Graduate Council.

I understand that it is my responsibility to have the proper technology to complete the coursework and that it is my responsibility to have or develop the necessary skill in technology it takes to complete the coursework.

I understand that coursework will be offered either on-line, on-campus, or hybrid (combination or on-line and on campus). I may be expected to complete and submit items in person or by mail.

**Specific to Educational Leadership**

I agree to participate in the activities for the required number of hours in the Educational Leadership Internship I and Internship II course. I realize that additional visits/classes will be required on the UAM Campus throughout the internship.

I understand that passing scores are required on the SLLA for completion of the program and to be eligible for an initial Building Level Administrator Licensure.

Signature of Applicant ___________________ Date ___________________
Applicant Check List

I have submitted to the University of Arkansas Office of Admissions the following:

Date Submitted

______________  Completed application for admission [www.uamont.edu/admissions](http://www.uamont.edu/admissions)

______________  Transcript from college of highest degree received

______________  Immunization records against measles, mumps, and rubella (two doses)

I have submitted to the School of Education Graduate Coordinator the following:

Date Submitted

______________  Completed application for admission to the program

______________  TWO OFFICIAL COPIES of all transcripts

______________  Copy of Arkansas Teaching Licensure

______________  PROOF OF YEARS EXPERIENCE IF APPLYING FOR EDUCATIONAL LEADERSHIP

______________  Writing Sample if applying for Educational Leadership