



Master of Science in Education

Project IMPROVE

Admission Application

Nova Southeastern University
Fischler School of Education and Human Services (FSEHS)
Office of Enrollment Services – Admissions Department
1750 NE 167th Street
North Miami Beach, FL 33162



Master of Science in Education Admission Application

Thank you for applying to Nova Southeastern University's (NSU) Fischler School of Education and Human Services (FSEHS). Please read the pages that follow carefully and complete the application in its entirety. If you have any questions, please call 1-800-986-3223, ext. 8500.

Application Instructions and Admission Criteria for Project IMPROVE

Admission

1. Complete the Master of Science in Education admission application form. An application fee is not required with this application.
2. Sign the application form.
3. Submit with the application an official bachelor's or graduate degree transcript (with conferral) from a regionally accredited institution **or** photocopy of a valid temporary or professional teaching certificate/license.
4. Send the admission application to:

Nova Southeastern University
Fischler School of Education and Human Services (FSEHS)
Office of Enrollment Services – Admissions Dept., ATTN: Project IMPROVE
1750 NE 167th Street
North Miami Beach, FL 33162-3017
Fax: (954) 262-3910

Note: Please allow 1-2 business days for processing of your application. Our office will notify via email you once you have been admitted.

Nova Southeastern University

Fischler School of Education and Human Services (FSEHS)

Office of Enrollment Services – Admissions Dept.

ATTN: **Project IMPROVE**

1750 NE 167th Street

North Miami Beach, FL 33162-3017

Fax: (954) 262-3910

**MASTER OF SCIENCE IN EDUCATION
ADMISSION APPLICATION**

Circle expected start term: Fall 2007 (August 20, 2007 to October 15, 2007)

Instructional Location: **Online**

Social Security Number _____/_____/_____ Gender: Male Female Date of Birth: ____/____/____

Last name First Name M.I. Maiden Name

Legal/Permanent Address _____

Street () ()

City State ZIP Home Telephone Business Telephone/Extension

Email Address _____ ()

Fax Number

Emergency Contact

Name Street Address

City State ZIP Home Telephone Business Telephone/Extension

Relationship

Please list colleges and universities attended. **You must provide official transcripts from ALL colleges and/or universities attended.** Your degree must be from a **regionally accredited** institution.

Complete Name of College/University	State	Date Started (Mo/Yr)	Date Ended (Mo/Yr)	Major Field	Degree Awarded (B.S., M.S.)	GPA

Do you plan to transfer graduate credits Yes No If yes, please use http://www.fgse.nova.edu/gtep/forms/req_xfer_cred.pdf

General Information Section

Ethnic Origin Data:

(The provision of this information is voluntary and we request it for reporting purposes only. This information will not be used in any discriminatory manner.)

- White (not of Hispanic origin)
- Black or African American
- Native Hawaiian/Pacific Islander
- Chinese
- Mexican
- Filipino
- Other _____
- Thai
- Puerto Rican
- Hispanic or Latino
- Other Hispanic or Latino
- Native American or Alaskan Native
- Korean
- I decline to respond
- Asian Indian
- Unknown or not reported
- Other Asian not listed
- Japanese

Veterans' Information

Have you ever served in the United States Armed Forces? Yes No

If yes, complete the following:

Branch of service: _____ Rank: _____
 Entry date: _____ Date and type of discharge: _____
 Reserve status: _____ Are you eligible for veterans benefits? Yes No
 If so, under what law? _____

Citizenship Status

Failure to complete this information may delay the processing of your financial aid and delay your matriculation should you require certain documentation in order to attend classes in the United States.

- United States Citizen
- Nonresident Alien
- Temporary resident
- Permanent Resident

If you are a nonresident alien, please complete the following.

Country of Birth

Country of Citizenship

Is English your native language? Yes No If not, documentation of English literacy is required.

Do you currently have a U.S. visa? Yes No If yes, what type? _____

What is the expiration date? ___/___/___ (mm/dd/yy)

Do you require an I-20? Yes No

If you have any questions, please visit our Web site: <http://www.nova.edu/cwis/registrar/iss>

Financial Aid

Have you applied for financial aid? Yes No

Have you filed a Free Application for Federal Student Aid (FAFSA)? Yes No

If yes, when was the FAFSA sent to Iowa? Date: _____

Master of Science in Education/Non-Degree Program

Project IMPROVE

Collaboration with the School Board of Broward County

Professional Development
Special Student – Non Degree

A non-degree seeking student is one who wishes to enroll in a course for professional development, but does not intend to pursue a degree at the time of application. Non-degree seeking applicants must submit the following in order to register for class:

- Complete this application form in its entirety,
- Submit an official bachelor’s or graduate degree transcript (with conferral) from a regionally accredited institution **or** photocopy of a valid temporary or professional teaching certificate/license.

Upon admission to the non-degree seeking program with Nova Southeastern University’s Fischler School of Education and Human Services students are not guaranteed acceptance into a degree-seeking program. After enrolling in the non-degree course through Project Improve, students must submit a completed application to become degree seeking. The student must also meet the requirements of admission for their intended program of study.

If you require assistance with this application form, please contact our office at 800-986-3223, ext. 8500.

For Office Use Only		
College – <u>FE</u>	Degree Program: <u>NON_6</u>	Level: <u>F1</u>
Rate _____	Major Code: <u>F524</u>	Concentration _____
Minor _____	Department: <u>FGTP</u>	Admit Type _____
Student Type: <u>B</u>	Term Code: <u>200820</u>	Site: <u>998</u>
Campus: <u>Y</u>		
Cohort: <u>F1G33314PI</u>		

Teaching Certification/Licensure

State: _____ Expiration Date: _____

List Area(s) of Certification: _____

Certificate Type: Professional Temporary Statement of Eligibility

Current Employment

Position	School/Company	City/State	Date Employed From	Date Employed To

Declarations

Employment Statement of Understanding

I understand that I am responsible for gaining access to an educational setting related to my selected specialization in order to complete the Applied Professional Experience (APE), as applicable for degree completion requirements.

Initial here: _____

Certification/Licensure Waiver

I understand that the Master of Science in education program does not guarantee certification or licensure at the local, regional, or state level. Students seeking certification/licensure should contact the department of education in the state in question to confirm certification or licensure requirements.

Initial here: _____

Please note the following statements:

1. I declare that the above information, to the best of my knowledge, is complete and accurate. I have read and understand the requirements, policies, and procedures stated in the catalog and student handbook. I agree to abide by all the rules and regulations of Fischler School of Education and Human Services and Nova Southeastern University.
2. I give Nova Southeastern University permission to publish and use any photos in which I appear that may be taken during class or other University activities.
3. I understand that all required official and final admission documents must be received within 90 days from the official start date of the term. If my documents are not received by the end of this 90 day period I understand the following will apply until my student status is changed to “fully admitted.”
 - a. Further attendance will be disallowed.
 - b. Financial aid will not be disbursed.

Initial here: _____

Have you ever been convicted of a criminal offense, been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of adjudication?

Yes

No

If the answer is yes, please explain. _____

The disclosure obligation is a continuing one. All applicants must report to the Fischler School of Education and Human Services any such event that occurs after filing their application. The admissions committee and the Fischler School of Education and Human Services will consider new information submitted and, in appropriate circumstances, may change the status of applicant or student.

Permission is hereby given to make any necessary inquiries. I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information.

Applicant's Signature: _____ Date: _____

Nova Southeastern University is accredited by the Commission on colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097 (<http://www.sacscoc.org>), Telephone number 404-679-4501) to award bachelor's, master's, educational specialist, and doctoral degrees. Nova Southeastern University admits students of any race, color, sex, age, nondisqualifying handicap, religion or creed, or national or ethnic origin.



NOVA SOUTHEASTERN UNIVERSITY
 Enrollment Processing Services (EPS)
 Attn: Fischler School of Education and Human Services
 3301 College Avenue
 P.O. Box 299000
 Ft. Lauderdale, FL 33329-9905

Request for Official Transcript

Student: Complete both sections of this form. Mail to your former schools.

Please send to Nova Southeastern University an official transcript of my academic work while attending your institution. Return the form below to Nova Southeastern University.

A. I attended your school _____
from _____ **to** _____

B. While in attendance, my name on your records _____
was _____
Last First Middle/Maiden

C. My student identification number was _____

D. I am aware that all fees associated with Application, Registration, Course Credits and Textbook are covered by Project IMPROVE.

Thank you for your assistance.

Sincerely,

 Signature

Dear Alma Mater: Please return this form with the transcript. Thank you.

TRANSCRIPT TRANSMITTAL FORM

Soc. Sec. # ____/____/____

Date: _____

Name _____
LAST FIRST MIDDLE/MAIDEN

Address _____
 STREET

City State ZIP

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 Enrollment Processing Services (EPS)
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 3301 College Avenue
 P.O. Box 299000
 Ft. Lauderdale, FL 33329-9905