

LENOIR-RHYNE UNIVERSITY

Graduate Admissions Application Instruction Sheet

Step 1: Indicate your program of interest. In the top right box on the application, write in the following which you intent to apply:

- M.S. in Athletic Training
- Masters in Business Administration (MBA)
 - Indicate if you are pursuing the accounting track
- M.A in Counseling (Indicate which track)
 - Community Mental Health Counseling
 - School Counseling
 - Community Mental Health Counseling with School Licensure
 - School Counseling Licensure Only
 - Community Mental Health Counseling Licensure Only
- M.A in Liberal Studies
- M.A in Language Development (Indicate which track)
 - Birth-Kindergarten Education
 - Death/Hard of Hearing Education
 - English as a Second Language Education
- Masters in Public Health (MPH)
- M.S. in Occupational Therapy
- Teacher Licensure
- Dietetics Internship

Step 2: Provide the following additional information along with your application.

- Official transcripts from all colleges attended (undergraduate and graduate)
- Official test scores
- 3 filled out recommendation forms
- Essay articulating your reasons for pursuing your intended masters program (excludes MBA and Dietetics Internship)
- Prerequisite Completion Form (for MBA and OT only)
- Signed Technical Standards (for AT only)
- Supplemental Application (MBA and Dietetics Internship only)

Step 3: Send all information together to:

Lenoir-Rhyne University Office of Enrollment Management
LR Box 7227
Hickory, NC 28603

- Your test scores may be sent separately from the testing organization. All recommendation forms and transcripts must come separately in a sealed envelope within your overall admissions packet. Not submitting your information together will delay our response time.

rise up

LENOIR-RHYNE UNIVERSITY

Graduate & Licensure Programs

APPLICATION FOR ADMISSION

ID	_____
PD	_____
PF	_____
CC	_____
HS	_____
For office use only	

This Application is for: (Check one item in each box)

<input type="checkbox"/> Fall	<input type="checkbox"/> Degree seeking	Indicate which graduate program you intend to seek: _____ _____
<input type="checkbox"/> Spring	<input type="checkbox"/> Non-degree seeking	
<input type="checkbox"/> Summer		
Year of entrance for Graduate Study: _____		

Full-time (9-12 credit hours per semester) Half-time (5-8 credit hours per semester) Quarter-time (3-4 credit hours per semester)

PERSONAL INFORMATION (Print in ink or type)

Full Name _____ Maiden Name _____
First Middle Last

Gender _____ Social Security No. _____ - _____ - _____ Home Phone (____) _____

Mailing Address _____ E-mail Address _____
Number and Street

_____ Cell Phone (____) _____
City State Zip Code County

Place of Employment & Position held _____ Work Phone (____) _____
If you are a teacher, indicate grade level.

EDUCATION

List all of the colleges/universities you have attended, including L-R. (Have official transcripts from all schools attended forwarded to the L-R Office of Enrollment Management.)

Undergraduate Colleges/Universities	City/State	Dates Attended	Degree Earned	Major
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
Graduate Colleges/Universities	City/State	Dates Attended	Degree Earned	Major
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

Have you taken the GRE, MAT, GMAT, or Praxis? Yes No

If yes, your testing date was ____/____/____, ____/____/____, ____/____/____, ____/____/____. **Please submit official test scores to the Office of Enrollment Management.**
(GRE) (MAT) (GMAT) (Praxis)

List future test dates ____/____/____, ____/____/____, ____/____/____, ____/____/____

List current certifications and licenses held. Submit a copy. _____

Have you ever applied to LRU as a graduate student? Yes No If yes, when? _____

How did you first become interested in Lenoir-Rhyne University? College Fair Alumni Mailing Friend Other _____

***THE FOLLOWING INFORMATION IS USED FOR STATISTICAL PURPOSES.**

*Responses to questions regarding race, national origin, and ethnic heritage are optional. **Questions regarding citizenship must be answered.** Information gathered will be used only for statistical purposes and will not be used in any discriminatory manner.

Date of Birth ____/____/____ Marital Status _____

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

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

Are you a United States Citizen? Yes No If no, of what country are you a citizen? _____

If no, are you a legal resident of the U.S.? Yes No Resident Number _____

If you do not have a resident number, please identify your current visa and its expiration date _____

Are you a North Carolina resident? Yes No If yes, for how long? _____ What county? _____

If you are a church member, please give the denomination, church and pastor's name.

Congregation _____

Denomination _____

Pastor _____

If Lutheran, please check one ELCA LCMS Wisconsin Other _____

FOR SCHOOL COUNSELING LICENSURE ONLY APPLICANTS:

- Are you currently employed in a teaching or counseling position under the Lateral Entry or Provisional category? Yes No
If yes, indicate which category. _____
- Are you applying to this program in order to be eligible for first-time public school licensure? Yes No
- Are you applying to this program in order to be eligible to add a licensure to your current public school license? Yes No
If yes, attach a copy of your license.

FOR TEACHER LICENSURE APPLICANTS:

Which Teacher Education Program do you wish to complete?

- Birth-Kindergarten
 - High School or Secondary (9-12), Subject Area: _____
 - Middle School (6-9), Concentration 1: _____ Concentration 2: _____
 - Elementary (K-6)
 - ESL (add-on-only)
 - Physical Education (K-12)
 - Music (K-12)
 - Foreign Language (K-12) Spanish Only
- When do you plan to finish your licensure program? _____ (semester) _____ (year)
 - When do you plan to student teach (if applicable)? _____ (semester) _____ (year)
 - Are you Lateral Entry? Yes No If yes, attach a copy of your license.
 - Are you applying to become licensed for the first time? Yes No
 - Are you applying to add licensure to your license? Yes No If yes, attach a copy of your license.

All Teacher Education Candidates should be aware that before you can obtain a state license, you must complete the questions below which indicate whether or not you have ever been convicted of a criminal offense. Being convicted does not automatically mean you are ineligible for licensure. However, if you have been convicted of a felony/misdemeanor, contact the Director of Teacher Education immediately. Before you are admitted to the teacher Education Program, you should take care of any questionable circumstances that may prohibit you from obtaining a license. Early notification to this office may help to ensure that you will be eligible for licensure once you complete the program.

NOTE: FAILURE TO ANSWER QUESTIONS 1-4 WILL SIGNIFICANTLY DELAY PROCESSING YOUR APPLICATION.

(If you answer yes to any of the four questions below, explain the circumstances on a separate sheet.)

1. Have you been convicted of a criminal offense other than a minor traffic violation? Yes No
2. Are there such criminal charges pending against you at this time? Yes No
3. Have you ever been dismissed, suspended or placed on probation for disciplinary reasons by any high school or college? Yes No
4. Have you ever been dismissed, suspended or placed on probation for academic reasons by any high school or college? Yes No

I certify that all information given in this application is complete and accurate. I understand that any misrepresentation of the facts on this application may be cause for refusal of admission, cancellation of admission, or suspension from the University. If admitted to Lenoir-Rhyne University, I agree to abide by the established regulations of the University and the Student Government Association. I agree to accept the obligation imposed upon me by the Honor Code. I am voluntarily providing my social security number for official use only.

Signature of Applicant _____ Date ____/____/____

Return this completed application with a \$35 non-refundable application fee to:

Lenoir-Rhyne University
Office of Enrollment Management
PO Box 7227
Hickory, North Carolina 28603
(800) 277-5721 or (828) 328-7300
admission@lr.edu

www.lr.edu/admissions/apply/graduate-and-licensure-programs