



OFFICE USE ONLY

Fee paid Date _____

Received by _____

GRADUATE APPLICATION

PLEASE SUBMIT THE \$40.00 NON-REFUNDABLE APPLICATION FEE WITH APPLICATION. MAKE CHECKS PAYABLE TO PLU.

APPLICATION PROCEDURES

Submit the following to the Office of Admission, Pacific Lutheran University, Tacoma, WA 98447-0003:

1. Graduate Application with a \$40 non-refundable application fee payable to PLU.
2. Official transcripts from all colleges attended. Transcripts must be sent directly from the school to PLU.
3. Please reference Appendix A of this application for a list of additional information and attachments that are specific to each program.

APPLYING FOR

- | | |
|--|--|
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Master of Arts in Education/Project Lead |
| <input type="checkbox"/> Post MBA – Certificate in Technology and Innovation Management | <input type="checkbox"/> Master of Arts in Education with Residency Certification/
Project Impact |
| <input type="checkbox"/> Master of Arts – Marriage and Family Therapy | <input type="checkbox"/> Principal/Program Administrator Certification Only |
| <input type="checkbox"/> Master of Science in Nursing (BSN prepared only) | <input type="checkbox"/> Master of Fine Arts in Creative Writing |
| <input type="checkbox"/> Family Nurse Practitioner | |
| <input type="checkbox"/> Care and Outcomes Manager | |
| <input type="checkbox"/> Master of Science in Nursing: Entry-Level (Non-Nursing Bachelor's Degree graduates) | |

Note: If applying for teacher certification only, or post-baccalaureate Alternative Routes program, please use PLU's "Certification Only: Programs in Education" application.

PERSONAL INFORMATION

This application is for admission to (check one): Summer Fall January Term Spring Year: _____

1. Full Legal Name: _____ 2. Social Security Number: _____ / _____ / _____
LAST FIRST MIDDLE

3. Former Name: _____ 4. Male Female
(if previous academic records under another name)

5. Permanent Address: _____
NUMBER AND STREET CITY STATE ZIP

Home Phone: (_____) _____ Work Phone: (_____) _____
(AREA CODE) (AREA CODE)

Mobile Phone: (_____) _____
(AREA CODE)

6. Mailing Address: _____
NUMBER AND STREET CITY STATE ZIP

Phone: (_____) _____
(AREA CODE)

7. E-Mail Address – Home: _____ Work: _____

8. Birthdate: ____ - ____ - ____ Birthplace: _____ 9. Country of Citizenship _____

10. Visa type/classification _____

11. Are you: a PLU employee a spouse of a PLU employee a child of a PLU employee

PLEASE RETURN TO: Office of Admission
 Pacific Lutheran University
 Tacoma, WA 98447-0003
 Fax (253) 536-5136

QUESTIONS 12-13 ARE OPTIONAL AND DO NOT AFFECT INDIVIDUAL ADMISSION DECISIONS.

12. If you wish to be identified with a particular ethnic group, please choose from the following:
- Caucasian/White African American/Black Native Hawaiian/Pacific Islander
 Mexican American/Chicano Hispanic American Asian American/Pacific Islander
 Native American/Alaska Native (tribe) _____
 Asian American (country of family's origin) _____
 Multi-Ethnic (specify) _____ Choose not to report
 If other than English, what primary language is spoken in your home: _____
13. Religious preference:
- Lutheran; home congregation _____ Synod _____
 Baptist Episcopal Methodist Presbyterian Roman Catholic Jewish
 Non-denominational Christian Other Christian denomination _____
 Other _____ Choose not to report

EDUCATIONAL INFORMATION

14. List all colleges/universities in order of attendance beginning with the institution from which you received your bachelor's degree (no exceptions).

If still enrolled in a college, indicate leaving date: (mo.) _____ (yr.) _____

INSTITUTION	CITY	STATE	DATES ATTENDED	DEGREE	DATE COMPLETED
a. _____			FROM:(MO./YR) _____ TO:(MO./YR) _____	_____	_____
b. _____			FROM:(MO./YR) _____ TO:(MO./YR) _____	_____	_____
c. _____			FROM:(MO./YR) _____ TO:(MO./YR) _____	_____	_____
d. _____			FROM:(MO./YR) _____ TO:(MO./YR) _____	_____	_____

If presently enrolled in classes, list all courses in which you are enrolled, the completion date, and the name of the college or university:

- a. _____
 b. _____
 c. _____

TEST INFORMATION

Please indicate the tests taken/scheduled to be taken:

- GRE** _____ (Nursing and Education applicants) **GMAT** _____ (Business applicants only)
DATE DATE
- TOEFL** _____ (International/ESL applicants) **WEST-B** _____ (MAE Residency Certification applicants only)
DATE DATE
- WEST-E/PRAXIS II** _____ (MAE Residency Certification applicants only)
DATE

NOTE: Official test scores must be provided where such scores are required. No test is required for the Marriage and Family Therapy and Master of Fine Arts in Creative Writing programs.

STATEMENT OF CHARACTER AND SIGNATURE

Applicants to PLU must present evidence of good character in order to be accepted for admission. In accordance, do you certify that you have not been convicted of a felony or gross misdemeanor, and that you do not have a case pending against you at this time?

- Yes I so certify. No If no, please attach written details with your application.

I understand failure to submit complete official transcripts from all schools, colleges, or universities attended may result in the denial of this application or my subsequent dismissal from this institution. I certify that to the best of my knowledge, all statements I have made in this application are complete and true.

Permission is hereby given to release appropriate test scores and academic records requested by Pacific Lutheran University.

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

Appendix A: Additional Information / Attachments

All Master Programs require an official transcript from all colleges attended. Transcripts must be sent directly from the school.

Master of Arts in Education

Project Lead and Project Impact (MA with Residency Certification):

1. Official GRE scores. For Residency Certification only, a passing score is required on all three sections of the Washington Education Skills Test Basic (WEST-B) and a passing score on an appropriate Washington Education Skills Test Endorsement (WEST-E).
2. Résumé: Attach a résumé that includes your employment history; significant academic, professional, and community achievements; honors and awards.
3. Statement of Goals: Submit a statement of educational and professional goals. It should be between 300 and 400 words in length on a separate sheet of paper. Please reference your name on the page.
4. Two Recommendations — One of which is an academic recommendation.

Principall/Program Administrator Certification only:

Must have completed a Master's degree (typically in some area of education) prior to enrollment in this program. Request official transcripts from all previous colleges or universities in which you have earned Master and/or Graduate credits. Submission of a resumé, goal statement, and two letters of recommendation are also required. No official test required.

Master of Arts — Marriage & Family Therapy

1. Résumé: Attach a résumé that includes your employment history; significant academic, professional, and community achievements; honors and awards.
2. Statement of Goals: Submit a statement of educational and professional goals. It should be a maximum of five double-spaced typed pages addressing the following questions:
 - What significant life events have most influenced your present development and your desire to be a family therapist?
 - What are your professional career goals after completing your degree?
 - What are your strengths that will help you achieve your professional goals?
 - What do you consider to be areas for personal growth that may need the most attention during your training as a therapist at PLU?
3. Two Recommendations — Academic recommendation encouraged.

Master of Business Administration

1. Official GMAT test scores.
2. Résumé: Attach a résumé that includes your employment history; significant academic, professional, and community achievements; honors and awards.
3. Statement of Goals: Submit a statement of educational and professional goals. It should be between 300 and 400 words in length on a separate sheet of paper. Please reference your name on the page.
4. Two Recommendations.

Post MBA Certificate/TIM Applicants:

Include a completed PLU graduate application, \$40 application fee, resumé, one letter of recommendation and official graduate transcripts.

Master of Fine Arts in Creative Writing

1. Submit a two-page statement of your background in writing, your goals and reasons for wanting to enroll in the program.
2. Submit a portfolio representing your best work (15 pages of poetry or 30-40 pages of prose). You may send photocopies of published work. In manuscript form, poetry may be single-spaced; prose should be double-spaced.
3. Submit a one-page review of a book you have recently read (or an article or response that demonstrates your critical thinking).
4. Two Recommendations.

Master of Science in Nursing

1. Official GRE test scores.
2. Résumé: Attach a résumé that includes your employment history; significant academic, professional, and community achievements; honors and awards.
3. Statement of Goals: Submit a typed statement of educational and professional goals. The statement should not exceed four pages in length (double spaced). Please reference your name on each page.
4. Two recommendations – Academic recommendation encouraged.
5. Nursing Application Addenda Packet (available from the School of Nursing office and Web site), including:
 - Questions relative to licensure
 - Washington State Patrol Disclosure Affidavit and money order or cashier's check
 - English language proficiency policy and procedures
 - Educational Background and Transfer Credit Policy



RECOMMENDATION FOR ADMISSION

Pacific Lutheran University Application for Graduate Study

THIS PORTION TO BE COMPLETED BY APPLICANT

Name of Applicant: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

For admission to (check one): Summer Fall January Term Spring Year: _____

APPLYING FOR:

- Master of Business Administration
- Post MBA – Certificate in Technology and Innovation Management
- Master of Arts – Marriage and Family Therapy
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 - Family Nurse Practitioner
 - Care and Outcomes Manager
- Master of Science in Nursing: Entry-Level (Non-Nursing Bachelor's Degree graduates)
- Master of Arts in Education/Project Lead
- Master of Arts in Education with Residency Certification/Project Impact
- Principal/Program Administrator Certification Only
- Master of Fine Arts in Creative Writing

In compliance with the Family Education Rights and Privacy Act of 1974, effective November 21, 1974, this letter of recommendation, which will be placed in the applicant's admission file, may be reviewed by the applicant upon request unless this waiver has been signed.

Do you waive the right to be shown information on this form which is to be used for graduate admission purposes only, and hereby declare it to be confidential. Yes No

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

THIS PORTION AND THE REVERSE SIDE TO BE COMPLETED BY RESPONDENT

Name of Respondent: _____ Date: _____

Employer/Organization: _____ Position: _____

Address: _____

Daytime Phone: (_____) _____ Signature of Respondent: _____

What has been your relationship to the applicant? (Check as many as apply)

- Instructor (undergraduate/graduate) Academic Advisor Employer/Supervisor Other (Specify) _____

As far as you know, do undergraduate grades give an accurate evaluation of the applicant's academic potential for graduate work?

- No basis for judgement Grades underrate potential Grades correctly reflect potential Grades overrate potential

Please describe the applicant's performance by checking the appropriate box opposite each characteristic:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic knowledge in major field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical knowledge/skills in major field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to implement new ideas and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to and working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability for graduate level study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written command of the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral command of the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions as worker and member of society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall ranking of applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your assistance.

Please return to: Office of Admission, Pacific Lutheran University, Tacoma, Washington 98447

Phone: 253-535-7151 Fax: 253-536-5136

Please use this space to provide comments about the applicant's qualifications for graduate study.



RECOMMENDATION FOR ADMISSION

Pacific Lutheran University Application for Graduate Study

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LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

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Do you waive the right to be shown information on this form which is to be used for undergraduate admissions purposes only, and hereby declare it to be confidential. Yes No

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

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Name of Respondent: _____ Date: _____

Employer/Organization: _____ Position: _____

Address: _____

Daytime Phone: (_____) _____ Signature of Respondent: _____

What has been your relationship to the applicant? (Check as many as apply)

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Please describe the applicant's performance by checking the appropriate box opposite each characteristic:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic knowledge in major field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical knowledge/skills in major field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to implement new ideas and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to and working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability for graduate level study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written command of the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral command of the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions as worker and member of society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall ranking of applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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