

MASTER OF SCIENCE IN EDUCATION

Application for Admission

www.mlc-wels.edu/graduate-studies/master-of-education/



Name: _____
Last First Middle Title Maiden/Other

Address: _____
Number and Street City State Zip Code

Current Address (if different): _____
Number and Street City State Zip Code

Birthdate: _____ **Gender:** Male Female **Social Security Number:** _____
Month Day Year (If new to MLC)

Citizenship: (Check one) U.S. Citizen U.S. Permanent Resident: Resident Number: _____

Email: _____ **Phone:** _____

Racial / Ethnic Background: (Used for State and Federal Government Reports - optional)

White	African American	Hispanic of any race
American Indian or Alaskan Native	Native Hawaiian or Other Pacific	Asian
Race and Ethnicity Unknown	Islander Two or more races	Non-resident alien

MS in Education Emphasis Choice:

Educational Technology

Instruction

Leadership

Special Education

I intend to apply for the MS Ed Combo-Masters Post-baccalaureate Licensure Program (K-6 licensure only)

I intend to enter the program on: _____
Month Year

Colleges Attended including Martin Luther College (You must submit an official transcript from each college attended except Martin Luther College)

Name of Institution	City/State	Dates attended	Degree Earned
---------------------	------------	----------------	---------------

Name of Institution	City/State	Dates attended	Degree Earned
---------------------	------------	----------------	---------------

Name of Institution	City/State	Dates attended	Degree Earned
---------------------	------------	----------------	---------------

Teaching / Work Experience

Employer/Congregation	City/State	Dates attended	Position
-----------------------	------------	----------------	----------

Employer/Congregation	City/State	Dates attended	Position
-----------------------	------------	----------------	----------

Employer/Congregation	City/State	Dates attended	Position
-----------------------	------------	----------------	----------

I understand that I am responsible for requesting official transcripts from the colleges I attended (except Martin Luther College) and that my application will be reviewed before acceptance. I further understand that the intended time limit on my work in this graduate program is seven years.

Signature of applicant _____ Date _____

**LD Licensure is for Minnesota only. To learn how you can obtain a license in a different state visit: mlc-wels.edu/teaching-licenses/*

As part of the application process you must include with this application a written statement of your goals and expectations for this program and how these goals and expectations are consistent with your views of education and teaching. This statement should be between 100 and 200 words in length.

Submit this application, the statement, and a \$35 application fee to:

Martin Luther College
Graduate Studies
1995 Luther Court
New Ulm, MN 56073

507-354-8221

Admission requirements:

- An undergraduate degree in education from an accredited college or university
- An undergraduate GPA of 3.00 or an average of at least 3.00 for no fewer than nine semester hours of graduate credit at an accredited graduate institution
- Completed application, written statement of goals, and \$35 registration fee
- Students that do not have a 3.00 undergraduate GPA may also be accepted into the program on the condition that they attain a 3.00 or higher GPA on their first nine graduate credits

NOTE: This program is not designed for, nor is it intended to be, a means to obtain state licensure. The special education course option is intended to better equip the generalist teacher to work with children in the regular classroom.

Martin Luther College is accredited with the Higher Learning Commission of North Central Association of Colleges and Schools. (www.ncahigherlearningcommission.org; 312-263-0456)



MARTIN LUTHER COLLEGE

Martin Luther College welcomes all applicants regardless of race, color, gender, age, handicap, or national or ethnic origin.