

# Application for Doctoral Programs in the Adrian Dominican School of Education

For Office Use Only  \$30  FW  NM

**GENERAL INFORMATION** (Please print or type)

Legal Name \_\_\_\_\_  
*Last* *First* *Middle*

Indicate all other names (married, maiden, adoptive) which may appear on your credentials \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Cell  Home  Work       Cell  Home  Work       Cell  Home  Work

Citizenship \_\_\_\_\_ Resident Alien Number \_\_\_\_\_  
*(Please include photocopy of both sides of Resident Alien card.)*

Social Security Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Barry ID number \_\_\_\_\_ E-mail address \_\_\_\_\_

Gender  Male  Female Birthplace\*\* \_\_\_\_\_ Birthdate\*\* \_\_\_\_\_

If you wish to be identified as a member of a racial/ethnic group, please indicate which group.\*\*  
 American Indian or Alaskan Native  Asian or Pacific Islander  Black or African American  Hispanic  White/Caucasian  
 Other \_\_\_\_\_

How did you learn about Barry University?  Search Engine  Third-party Website  Barry Website  Direct Mail  
 E-mail  Friend/Relative/Student  Teacher/Advisor  Employer  Fair/Open House (please specify where: \_\_\_\_\_)  
 Magazine/Professional Journal/Newspaper (Please specify which one: \_\_\_\_\_)  Television (please specify which station: \_\_\_\_\_)  
 Radio (please specify which station: \_\_\_\_\_)  Other (please specify: \_\_\_\_\_)

**ANTICIPATED ENROLLMENT** (Refer to appropriate priority deadline on front cover of application)

Expected Entry Date: Fall 20\_\_ Spring 20\_\_ Summer I, 20\_\_

**INTENDED PROGRAM**

Please check desired program and location:

**PhD in Counseling with Specialization in Marital, Couple, and Family Counseling/Therapy**  
 Main Campus  Orlando

**PhD in Curriculum and Instruction with Specialization in:**  
 Culture, Language, and Literacy (TESOL) - Main Campus  
 Curriculum Evaluation and Research - Main Campus  
 Early Childhood Education - Main Campus  
 Elementary Education - Main Campus  
 Reading, Language, and Cognition - Main Campus  
 Other Location \_\_\_\_\_

**PhD in Leadership and Education with Specialization in:**  
 Exceptional Student Education - Main Campus  
 Higher Education Administration -  
 Main Campus  St. Petersburg  
 Human Resource Development - Main Campus  
 Leadership - Main Campus

**EDUCATIONAL BACKGROUND**

List in chronological order (starting with most recent) all colleges and professional schools attended. It is your responsibility to request that **an official transcript from each school be sent directly to the Barry University Office of Admissions**. If a degree is pending, request one transcript to be forwarded immediately and one when the degree is posted on the transcript.

Name, city, state, country of institution(s) attended (Do not use acronyms)	Dates of Attendance	Degree	Date Received/Expected
	From		
	To		
	From		
	To		
	From		
	To		

Applicants who do not give evidence of being native English speakers are required to take the TOEFL or IELTS.  
 Date taken \_\_\_\_\_ Score \_\_\_\_\_

Date GRE taken \_\_\_\_\_ GRE DATA (To be verified with **official** score report)  
 SCORES Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_ Total \_\_\_\_\_

Please arrange for all **official** score reports to be sent to Barry University, Office of Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

\*Applicants for admission are advised that the requested disclosure of your Social Security number is voluntary. All Barry applicants will be assigned a seven-digit identification number. The Social Security number will be used as a cross-reference identification number only. It will not be used to identify student records such as grade reports or permanent academic records, nor to certify school attendance and report student status. If you wish to apply for federal or state grants, loans, and other financial aid programs you are required to supply your Social Security number. Your Social Security number will not be disclosed to individuals or agencies outside Barry University except in accordance with Barry University policy on student records.  
 \*\*Information on date of birth is optional and is used by the University for statistical purposes only except for international students, who must supply date of birth so that we may issue an I-20 Certificate of Eligibility for nonimmigrant F-1 student status.

List your current certifications and/or licensures:

Type	Number	Areas
_____	_____	_____
_____	_____	_____

**Summary of professional experience:** List chronologically all professional positions held in the past 10 years beginning with most recent. Feel free to add comments. Use a separate sheet if needed.

Job Title	Dates From/To	Organization Name and Address	Summary of Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional activities and qualifications for the doctoral program:** List memberships, appointed positions, elected offices in professional and community organizations that you now hold or have held and the dates. List honors/awards received and dates. List special travel or study dates. List published professional writings and conference/workshop presentations. Use a separate sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations:** List below persons to whom you have submitted the recommendation form. Indicate the capacity in which each has known you. It is your responsibility to request recommendations in support of your application from the individuals listed below. These recommendations will become a part of your permanent file. **All recommendations are to be sent directly to Barry University, Office of Admissions.**

1. EMPLOYER

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Title \_\_\_\_\_ Capacity \_\_\_\_\_

Address \_\_\_\_\_

Company/Institution Name and Address \_\_\_\_\_

*Street City State ZIP*

2. ACADEMIC (GRADUATE STUDY)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Title \_\_\_\_\_ Capacity \_\_\_\_\_

Address \_\_\_\_\_

Company/Institution Name and Address \_\_\_\_\_

*Street City State ZIP*

3. PROFESSIONAL CONTACT

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Title \_\_\_\_\_ Capacity \_\_\_\_\_

Address \_\_\_\_\_

Company/Institution Name and Address \_\_\_\_\_

*Street City State ZIP*

I certify that the information given in this application is complete and accurate. I realize that my application cannot be reviewed until all requested credentials have been received by the Office of Admissions, that is my responsibility to support these credentials, and that concealment or misrepresentation of any college registration, academic, or disciplinary record – both undergraduate and graduate – may nullify my application for admission. If accepted, I agree to comply with the regulations of the University and to pay all fees required. I understand that all credentials become the property of Barry University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Barry University is committed to extending equal opportunity to all who qualify academically.

Barry University provides reasonable academic accommodations in compliance with all federal and state laws. If you require accommodations for preadmission meetings, contact the Office of Admissions. Upon acceptance to the University, you may contact the Office of Disability Services by voice/TDD (305-899-3488), fax (305-899-3056), or e-mail (disabilityservices@mail.barry.edu) to arrange for any accommodations you may require and to submit appropriate documentation. Additional information can be found at www.barry.edu.