Department of Teacher Education and Leadership

Application

Doctor of Education in Educational Leadership K-12

Please submit a copy of the application with all supporting documentation. Incomplete applications will not be considered. The completed application should be included as a part of the portfolio and submitted to:

Dr. Ruthie Stevenson
Coordinator, Doctor of Education Program, Leadership K-12
Mississippi College
P. O. Box 4009
Clinton, MS 39058

_____ _____ _____
Last Name **First Name** **Middle Initial**

_____ _____ _____ ____
Mailing Address **City** **State** **ZIP**

(__)_____ **(___)_____** **(___)_____**
Day Phone **Cell Phone** **Evening Phone**

E-mail Address(es) _____

All Colleges and Universities Attended

College/University	Major	Degree Completed	Date
Graduate			
Undergraduate			

Educational Experience

Begin with your current or most recent position. Please attach documentation of educational experience.

Position Employer Address Dates of Employment

_____
_____
_____
_____
_____
_____
_____

Attach additional pages as needed.

Leadership Experience

Please attach documentation of leadership experience.
(Examples of leadership experience are supervisor, principal, and lead teacher.)

Position Employer Address Dates

_____
_____
_____
_____
_____
_____
_____

Attach additional pages as needed.

Signature_____Date _____

References

The following reference form should be given to three professionals who can evaluate your potential for success as an educational leader. **Each referral must be returned by the individual completing the form**. Please inform your references that your application process will not be complete until all forms are returned. Forms should be returned to:

Ruthie Stevenson, Ph.D.
Coordinator, Doctor of Education Program, K-12
Mississippi College
Box 4009
Clinton, MS 39058

(see Form Below)

Department of Teacher Education and Leadership
RECOMMENDATION FORM
Doctor of Education in Educational Leadership

Section I: To be completed by applicant

_____ (__)_____
Name of Applicant Phone Number

In accordance with the Family Educational Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

Waiver: I, _____, waive the right of personal access to references.

_____ _____
Signature Date

Non-Waiver: I, _____, *do not waive* the right of personal access to references.

_____ _____
Signature Date

Section II: To be completed by the recommender

Please rate the applicant listed above on the following skills and dispositions related to his/her potential for success in pursuing the Doctor of Education in Educational Leadership.

	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Below 25%)	Unable to Comment
Intellectual Ability for Graduate Work						
Leadership Skills						
Problem-Solving Skills						
Collaborative Skills						
Written English Expression Skills						
Oral English Expression Skills						
Ability to Work Independently						
Ability to Accept Criticism						
Ethical Conduct						
Overall Potential for Graduate Study						

In the space provided, please provide a written assessment of the applicant's strengths and weaknesses with respect to advanced study. Please be as specific as possible. If you prefer, please feel free to attach a letter to this form.

I have known the applicant for _____years in my capacity as _____.

_____ _____
Recommender's Name Position or Title

_____ _____
Institution Telephone Number

_____ _____
Address Email

_____ _____
Signature Date

Please return the completed recommendation to:

Dr. Ruthie Stevenson
Coordinator, Doctor of Education Program, Leadership K-12
Mississippi College
Box 4009
Clinton, MS 39058