

# Graduate Application for Admission

# SHENANDOAH UNIVERSITY

**Office of Graduate Admissions  
Shenandoah University  
1460 University Drive  
Winchester, VA 22601-9975**

*Shenandoah University does not discriminate on the basis of sex, race, color, religion, national or ethnic origin, age, or physical ability.*

*Shenandoah University is an equal opportunity/affirmative action institution.*

# Application Instructions

Thank you for applying to Shenandoah University. Please read the following information carefully.

Please use this application if you are applying to a **graduate** program. All programs require this application and a \$30 application fee. Send one official transcript for all postsecondary institutions you have attended, regardless of whether course credit transferred to another college or university and appears on that transcript.

All international transcripts must be translated to English and evaluated to determine equivalency to the United States systems of postsecondary education. A listing of evaluation services can be found at [www.naces.org/members/htm](http://www.naces.org/members/htm). For all additional admissions requirements, applicants must visit [www.su.edu](http://www.su.edu) or email us directly at [admit@su.edu](mailto:admit@su.edu).

This application and all additional documents must be mailed to the following address:

Office of Graduate Admissions

Shenandoah University

1460 University Drive

Winchester, VA 22601

Please refer to the Graduate Programs Chart for more specific information on degrees offered, semester starts, standardized test requirements, deadlines and other more detailed information.

For standardized test scores, Shenandoah University's school code is 5613. Physician Assistant Studies and Physical Therapy applicants are required to have their GRE scores sent directly to Shenandoah University. Pharmacy applicants are required to have their PCAT scores sent directly to PharmCAS. Non-native English speakers must submit TOEFL or IELTS scores.

To ensure prompt application processing, it is recommended that all application materials be submitted in a single envelope (with the exception of official test scores). Once submitted, application materials become property of Shenandoah University and cannot be released back to the applicant. All application materials must be submitted before the deadline in order to be considered for a particular semester. Incomplete applications will not be reviewed by the individual department. Once an application is completed, it is reviewed by the appropriate faculty committee. Admissions decisions are communicated only through postal mail.

If you have any questions concerning the status of your application, please contact the Office of Graduate Admissions at [admit@su.edu](mailto:admit@su.edu) or 800.432.2266.



# Graduate Application for Admission

## GENERAL INFORMATION

1. Social Security Number: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

*Required if applying for U.S. Federal Financial Aid*

3. Legal Name: \_\_\_\_\_  
Last First Middle

4. Have you ever registered at this or any other institution under a different name? Yes No If yes, under what name(s)? \_\_\_\_\_ At what institution(s): \_\_\_\_\_

5. Current Address: \_\_\_\_\_ Current Until: \_\_\_\_\_

Street Apt. #

City State/Province

Zip/Postal Code Country

Daytime telephone: \_\_\_\_\_

Email: \_\_\_\_\_

6. Permanent Address: \_\_\_\_\_

Street Apt. #

City State/Province

Zip/Postal Code Country

Daytime telephone: \_\_\_\_\_

Email: \_\_\_\_\_

7. The following information regarding ethnicity, gender and religion is voluntary and will not be used in a discriminatory manner:

Black/African American American Indian/Alaskan Native Asian Multiracial  
Hispanic or Latino Native Hawaiian or Pacific Islander Caucasian Other

Male Female

Religious Affiliation \_\_\_\_\_

8. Have you ever been convicted of a felony? Yes No If yes, please explain on a separate sheet of paper.

## INTERNATIONAL APPLICANTS

9. Country of Citizenship: \_\_\_\_\_

10. Country of Birth: \_\_\_\_\_

11. Indicate the type of immigration status you plan to hold while enrolled at Shenandoah University:

F-1 (Student) J-1 (Exchange Visitor) Permanent Resident Refugee

## ADMISSIONS INFORMATION

(Some programs accept applications for the fall only. Refer to Graduate Programs chart for available start dates.)

12. This application is for: Year: \_\_\_\_\_ Fall Spring Summer

13. Refer to Graduate Programs chart on page 5 for degrees and fields of study to enter information:

Intended graduate program: \_\_\_\_\_ Performance Area: \_\_\_\_\_

(Conservatory Applicants only)

Intended degree: \_\_\_\_\_

14. Do you plan to attend: Full time Part time (less than 9 credit hours)

15. Please indicate where you plan to attend:

Main Campus Loudoun Campus Distance Education Off-Campus Cohort (School of Education & Human Development programs only)

16. Have you previously applied to Shenandoah University? Yes No If yes, when? \_\_\_\_\_

17. Have you previously taken a course at Shenandoah University? Yes No If yes, when? \_\_\_\_\_

18. Are you applying for re-admission? Yes No

## REFERENCES

19. For programs requiring letters of recommendation, please list the individuals who will be submitting letters/forms on your behalf.

Reference 1 \_\_\_\_\_

Reference 2 \_\_\_\_\_

Reference 3 \_\_\_\_\_

**STANDARDIZED TESTS**

20. Refer to the Graduate Programs chart to determine which, if any, standardized tests are required. Fill in the date(s) on which you have taken or plan to take the required test(s).

Test	Scores	Date
_____	_____	_____
_____	_____	_____

**FINANCIAL AID**

21. Will you apply for financial aid?      Yes      No

**ACADEMIC BACKGROUND**

22. Please list chronologically (starting with the most recent) *all* previous schools attended. Attach an additional sheet if necessary.

Name of Institution	Location	Attendance Dates (From/To)	Degree Received or Expected and Date	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. Have you ever been the subject of academic or disciplinary action or asked to withdraw from an educational institution?

Yes      No      If yes, please explain on a separate sheet of paper.

**EMPLOYMENT HISTORY/PROFESSIONAL EXPERIENCE**

24. Please list your current position only. Attach a separate sheet with employment history, professional experience, academic background and honors.

Name of Employer	Location	Job Title	Dates Employed
_____	_____	_____	_____

25. Do you hold a professional license?      Yes      No      If yes, what profession? \_\_\_\_\_

26. Nursing applicants: Registered Nurse license number(s): \_\_\_\_\_ State(s) \_\_\_\_\_ State(s) \_\_\_\_\_

**OTHER INFORMATION**

27. How did you first hear about Shenandoah University? (check only one)

- Internet                      Direct Mail                      College Fair                      Alumni                      Current Student
- Friend                      Parent                      College Counselor                      Shenandoah Employee
- Peterson's Guide* (or similar publication)                      Activities on Shenandoah Campus
- Other: please explain \_\_\_\_\_

*The following information is optional:*

28. Please indicate the name of your hometown newspaper (s): \_\_\_\_\_

29. Have you previously taken a course at Shenandoah University?      Yes      No      If yes, when? \_\_\_\_\_

**SIGNATURE**

I certify that statements made in this application are correct. I understand that failure to provide accurate information will result in the cancellation or rejection of my application or, if admitted and enrolled, dismissal from Shenandoah University. I agree to notify the Office of Admissions in writing of any changes to any part of this application. If admitted, I agree to comply with all policies and regulations of Shenandoah University in effect while I am a student and assume responsibility for any financial obligations that I may incur. I understand that all information furnished to the Office of Admissions in connection with this application will be treated confidentially and will only be disclosed to Shenandoah University officials having a legitimate educational interest. Should I be admitted and enrolled at Shenandoah University, reports and recommendations on my behalf will become part of my permanent student record.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Graduate Programs Chart

Program	Degree(s) Offered	Fall, Spring, Summer Admission	Required Standardized Tests	Other Information	Deadlines
Administration	MSEd; certificate	Fall only		For licensed teachers only	Fall: July 15
Administrative Leadership	EdD	Fall only		Writing prompt and interview required	Fall: June 1
Artist Diploma	certificate	Fall, Spring, Summer		Audition required	
Arts Administration	MS	Fall, Spring, Summer			
Athletic Training	MS	Summer only	GRE; SAT accepted for juniors	Additional forms and interview required	Summer: May 1
Business Administration	MBA	Fall, Spring, Summer		Additional forms and interview required	
Church Music	MM; certificate	Fall, Spring, Summer		MM requires audition	
Collaborative Piano	MM	Fall, Spring, Summer		Audition required	
Composition	MM	Fall, Spring, Summer		Audition required	
Conducting	MM; DMA	Fall, Spring, Summer		Audition required	
Emphasis in Teaching	MSEd	Fall, Spring, Summer		For licensed teachers only	Fall: July 15; Spring: Oct 15; Summer: Feb 15
Family Nurse Practitioner	RN-MSN; MSN; certificate, DNP	Fall and Spring (except DNP Fall only)	GRE or MAT required for DNP	Additional forms and interview required	Fall: July 15; Spring: Nov 15
Health Care Management	certificate	Fall, Spring, Summer			
Health Systems Management	RN-MSN; MSN	Fall and Spring		Additional forms and interview required	Fall: July 15; Spring: Nov 15
Individualized Focus	MSEd	Fall, Spring, Summer			Fall: July 15; Spring: Oct 15; Summer: Feb 15
Information Systems & Computer Technology	certificate	Fall, Spring, Summer			
Music Education	MM; DMA	Fall, Spring, Summer		DMA requires video interview	
Music Therapy	MM; certificate	Fall, Spring, Summer			
Nursing Education	certificate	Fall and Spring		Interview required	Fall: July 15; Spring: Nov 15
Nurse-Midwifery	RN-MSN; MSN; certificate; endorsement	Fall and Spring		Additional forms and interview required	Fall: July 15; Spring: Nov 15
Occupational Therapy	MS	Fall only	GRE	Additional forms required	Fall: March 31
Organizational Leadership	MS; DProf	DProf: Fall only MS: Fall, Spring, Summer		Writing prompt and interview required for DProf	DProf: June 1 MS: Fall: July 15 Spring: Oct 15 Summer: Feb 15
Pedagogy	MM; DMA	Fall, Spring, Summer		Audition required	
Performance	MM; DMA	Fall, Spring, Summer		Audition required	
Pharmacy (traditional)	PharmD	Fall only	PCAT	Must apply through PharmCAS; interview required	Fall: Feb 1
Pharmacy (non-traditional)	PharmD	Fall and Spring		Licensed pharmacists only; additional forms and interview required	Fall: March 15; Spring: Oct 15

## Graduate Programs (Continued)

<b>Program</b>	<b>Degree(s) Offered</b>	<b>Fall, Spring, Summer Admission</b>	<b>Required Standardized Tests</b>	<b>Other Information</b>	<b>Deadlines</b>
Physical Therapy	DPT	Fall only	GRE	Must apply through PTCAS	Fall: Nov 2
Physical Therapy (transitional)	T-DPT	Fall and Summer (Fall: Tracks I & II; Summer: Track III)		For licensed physical therapists only; additional forms required	Fall: July 31; Summer: April 1
Physical Therapy/Athletic Training	DPT/MS	Fall and Summer (Fall: PT; Summer: AT)	GRE	Additional forms and interview required; apply to both programs separately	Fall: Nov 2; Summer: May 1
Physician Assistant Studies	MS	Fall only	GRE	Must apply through CASPA	Fall: Feb 1
Psychiatric Mental Health Nurse Practitioner	RN-MSN; MSN; certificate; DNP	Fall and Spring	GRE or MAT required for DNP	Additional forms and interview required	Fall: July 15; Spring Nov 15
Public Management	certificate	Fall, Spring, Summer			
Reading Specialist	MSEd; certificate	Fall, Spring, Summer		For licensed teachers only	Fall: July 15; Spring: Oct 15; Summer: Feb 15
Special Education Teacher Licensure	certificate	Fall, Spring, Summer	Praxis I (or satisfactory SAT scores)		Fall: July 15; Spring: Oct 15; Summer: Feb 15
Teacher Licensure	certificate	Fall, Spring, Summer	Praxis I (or satisfactory SAT scores)		Fall: July 15; Spring: Oct 15; Summer: Feb 15
TESOL	Professional certificate; advanced professional certificate; MSEd	Fall, Spring, Summer			Fall: July 15; Spring: Oct 15; Summer: Feb 15



# SHENANDOAH UNIVERSITY

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## Transcript Request Form

**Instructions:** Please complete this form and mail it to each educational institution you have attended. Contact the Registrar's Office at each institution to determine the required fee for each official copy of the transcript. You may also photocopy this form as needed. Please note this form is for your convenience and may not be required.

Name: \_\_\_\_\_  
(Last name) (First Name) (Middle Initial) (Maiden Name)

Home Address: \_\_\_\_\_  
(Street and/or box number)  
\_\_\_\_\_  
(City) (State) (Zip) (County) (Country)

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

### Registrar:

I am writing to request that ONE official copy of my transcript be sent to: **Shenandoah University, Office of Admissions, 1460 University Drive, Winchester, VA 22601-9975.**

Name of institution you are requesting a transcript from: \_\_\_\_\_

My date(s) of attendance were/are: \_\_\_\_\_

My social security number is: \_\_\_\_\_

Degree granted was (if appropriate): \_\_\_\_\_

Name when attending: \_\_\_\_\_  
(Printed)

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

**Registrar, thank you for assisting this student. Please contact Shenandoah's Office of Admissions if you have any questions about this request.**



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**(800) 432-2266  
Admit@su.edu  
www.su.edu**