

HAMPTON UNIVERSITY GRADUATE COLLEGE APPLICATION BOOKLET



ADMISSION INFORMATION | FINANCIAL AID INFORMATION | UNDERGRADUATE APPLICATION

Revised 11/12

HAMPTON UNIVERSITY ADMISSION INFORMATION

HAMPTON UNIVERSITY

is a privately endowed, coeducational non-sectarian institution of higher education with accreditation from the Southern Association of Colleges and Schools, the Department of Education of the Commonwealth of Virginia, and other agencies. The University continues the tradition of "education for life" by providing graduate programs designed to prepare students for professional competence in a specific field and additional graduate study. The graduate programs are listed in the application that follows.

ADMISSION INFORMATION

In accordance with Title VI of the Civil Rights Act of 1964, Hampton University is required to conduct a student enrollment survey pertaining to date of birth, ethnicity and gender among members of its student body. We ask your assistance in fulfilling this requirement. *(Note: This information in no way affects admission to Hampton University.)* Hampton University does not discriminate on the basis of race, gender, creed, religion, handicap, national or ethnic origin or sexual orientation in the administration of its educational policies, admission policies, employment policies, scholarship and loan programs, or other university programs.

After reading the instructions, please complete each applicable question in full. Type or print the information legibly using a pen with black or blue ink. Applications submitted with incomplete information may delay or impede the admission process.

All students seeking admission to the Graduate College of Hampton University must submit a completed application form. Applicants may apply for admission as either a regular (degree-seeking) or special (non-degree) student. Each applicant will be notified in writing of the decision rendered. Admission is limited to the term indicated on the application form.

APPLICATION FEE

The application for admission will not be processed without the required application fee of thirty-five dollars (\$35.00). The fee, payable by check or money order to Hampton University, cannot be waived. U.S. currency (money order or bank draft) is required of international applicants for the payment of this fee. The application fee is not refundable and does not apply toward tuition.

SUPPORTING DOCUMENTS

Before any action on this application for admission can be taken, the Graduate College must receive the following documents from applicants seeking admission as regular (degree-seeking) students.

1. One official transcript from each college or university attended. Official transcripts may be requested by contacting the registrar at the applicable institution(s). Transcripts must reflect all undergraduate and graduate work completed as well as the degree(s) awarded. Only transcripts sent directly from the institution will be accepted.
2. Official scores are required from the Graduate Management Admission Test (GMAT) for MBA program, Medical College or Dental Aptitude Test (MCAT/DAT) for the medical science program, Graduate Record Examination (GRE) for applicants to all other graduate degree programs. Additional requirements are PRAXIS scores for applicants to Education programs and the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) for applicants whose native language is not English.
3. Two letters of recommendation from persons familiar with academic and professional qualifications using the format provided.
4. A personal statement using the format provided.

Please note that all credentials submitted in support of this application become the property of Hampton University and are not returnable.

SPECIAL (NON-DEGREE) APPLICANTS

Applicants who plan to take courses for certification, self-improvement or need certain undergraduate courses to prepare for graduate study will be classified as special (non-degree) graduate students. The sections on test scores, letters of recommendation and personal statement do not apply to individuals who seek enrollment in this category. Applicants for admission in this status must submit the following:

1. A completed application form for admission to The Graduate College of Hampton University.
2. A non-refundable application fee of thirty-five dollars (\$35.00).
3. One official copy of an undergraduate or graduate degree transcript with at least a 2.5 GPA is required.

APPLICATION DEADLINES

Applicants seeking admission to degree programs must apply and have all supporting documents on file by the following dates:

Fall Semester	June 1
Summer Session	April 1
Spring Semester	November 1

International applicants:

Fall Semester	April 1
Summer Session	February 1
Spring Semester	September 1

Applications will not be considered complete until all required supporting documents are received. Since these documents come from various sources, applicants are encouraged to begin the application process in a timely manner in order to avoid missing deadlines. If your name or address changes prior to admission, please notify The Graduate College.

SPECIAL DEADLINES

The Physical Therapy program has a special application deadline of January 15. The Physical Therapy, Medical Science, and Communicative Sciences and Disorders admission committees only review applications for fall term entry. Applications received after the deadline will be considered on a space available basis.

FINANCIAL AID

Go to the homepage: www.hamptonu.edu and click on Admissions for the Financial Aid link to find your financial aid advisor for further information. The Graduate Program Coordinator will have additional information about financial aid. A FAFSA form must be filed by March 15 for priority processing.

STUDENT HEALTH SERVICES

All Hampton University students must contact Student Health Services and provide selected health records to that office. From the homepage, click on Student Life to find the health service link.

HAMPTON UNIVERSITY GRADUATE APPLICATION

Please type or print in black ink. Return this application and direct all inquiries concerning graduate admission to:
The Graduate College, Hampton University, Hampton, Virginia 23668. Telephone: (757) 727-5454

I. PERSONAL DATA (Please type or print clearly.)

Social Security Number

Date of Birth

Gender

Male

Female

Title

Mr.

Ms.

Mrs.

Last Name

First Name

Middle Name

E-mail Address

Other name under which your records might appear

Current/Local Address

Street Name

City

State

Zip Code

Home Telephone () _____ Work Telephone () _____

Permanent Address (if different from current address)

Street Name

City

State

Zip Code

Permanent Telephone () _____

Place of Birth

State/Country

Permanent Residence

State/Country

Citizenship

Country

IN CASE OF EMERGENCY CONTACT:

Name _____ Relation _____

Address _____ Telephone () _____
Street Name City, State, Zip Code

THIS SECTION IS TO BE COMPLETED BY INTERNATIONAL APPLICANTS ONLY

Visa Status:

Current

U.S. Permanent Resident

F-1 F-2 J-2 B-2

Intended

Other

ETHNICITY

Black, Non-Hispanic

2

Hispanic

5

American Indian/Alaskan Native

3

White, Non-Hispanic

6

Asian or Pacific Islander

4

RELIGIOUS PREFERENCE

- | | | | | | |
|------------------------------------|----|---|----|---|----|
| <input type="checkbox"/> Baptist | BP | <input type="checkbox"/> Lutheran | LU | <input type="checkbox"/> United Methodist | EU |
| <input type="checkbox"/> Episcopal | EP | <input type="checkbox"/> Presbyterian | PR | <input type="checkbox"/> Othe | OT |
| <input type="checkbox"/> Islam | IS | <input type="checkbox"/> Protestant | PT | <input type="checkbox"/> None | NC |
| <input type="checkbox"/> Judaism | JE | <input type="checkbox"/> Roman Catholic | RC | | |

VETERAN STATUS

- | | | | |
|--|----|--|----|
| <input type="checkbox"/> Military - NOT Eligible for Benefits | MN | <input type="checkbox"/> Veteran NOT Eligible for Benefits | VN |
| <input type="checkbox"/> Military - Eligible for Benefits | ME | <input type="checkbox"/> Eligible for Benefits - Before January 1977 | VE |
| <input type="checkbox"/> Dependent of Deceased or Disabled Veteran | DP | <input type="checkbox"/> Vocational Rehabilitation | VR |

II. ACADEMIC INFORMATION

COLLEGES ATTENDED (Most Recent First)

Failure to declare attendance at another institution will result in denial of credit for such work or immediate dismissal.

Name of College (Include City, State, and Zip Code)	Dates Attended	Dates Graduated	Degree (to be earned)	GPA

Have you ever been charged with a crime? No Yes – If yes, give reason:

Have you ever been convicted of a crime? No Yes – If yes, give reason:

Have you ever been dismissed from any school or college? No Yes – If yes, give reason:

Two persons you have asked to submit letters of recommendation – not applicable for Special Students (non-degree)

Name _____ Name _____

I have taken or will take the following examinations – not applicable for Special Students (non-degree)

- | | |
|--|------------|
| <input type="checkbox"/> Graduate Record Examination – (GRE) | Date _____ |
| <input type="checkbox"/> Graduate Management Admission Test – (GMAT) | Date _____ |
| <input type="checkbox"/> Medical College Admissions Test – (MCAT) | Date _____ |
| <input type="checkbox"/> Dental Admissions Test – (DAT) | Date _____ |
| <input type="checkbox"/> Test of English as a Foreign Language – (TOEFL) | Date _____ |
| <input type="checkbox"/> International English Language Testing System – (IELTS) | Date _____ |
| <input type="checkbox"/> Academic Skills Assessments – (PRAXIS I) | Date _____ |
| <input type="checkbox"/> Principles of Learning and Teaching – (PRAXIS II) | Date _____ |

TERM OF ENTRY	<input type="checkbox"/> Fall Semester – (August – December)	YEAR _____
	<input type="checkbox"/> Spring Semester – (January – May)	
	<input type="checkbox"/> Summer Session – (June – July)	

ATTENDANCE	<input type="checkbox"/> Full Time	STUDENT STATUS	<input type="checkbox"/> New
	<input type="checkbox"/> Part Time		<input type="checkbox"/> Re-entering

DEGREE SOUGHT	MAJOR/CONCENTRATION
Applied Mathematics (Statistics & Probability, Computational, Nonlinear Science) [M.S.]	Educational Management (Online) , (Higher Education Track) or (Pre-K-12 Administration and Supervision Endorsement) [Ph.D.]
Atmospheric Science [M.S., Ph.D.]	Information Assurance [M.S.]
Biology (Biology, Biology/Environmental Science) [M.S.]	Medical Science [M.S.]
Business Administration [(MBA—2 year, MBA—5 year) (Ph.D.—online)]	Nursing—Administration (Advanced Adult, Community Health, Community Mental Health/Psychiatric Nursing) [M.S.]
Chemistry [M.S.]	Nursing—Education (Advanced Adult, Community Health, Community Mental Health/Psychiatric Nursing) [M.S.]
Communicative Sciences and Disorders [M.A.]	Family Nurse Practitioner [M.S.]
Computer Science [M.S.]	Nursing (Family Research)—Online [Ph.D.]
Counseling (Student Affairs: College Student Development; School Counseling; Community Mental Health, Pastoral) [M.A.] [Ed.S.—online]	Physical Therapy [D.P.T.]
Education (Elementary Education, Montessori Education, Gifted Education) [M.A.]	Physics (Medical, Nuclear, Optical and Plasma) [M.S., Ph.D.]
Education in Curriculum and Instruction (Online) [M.S.]	Planetary Science [M.S., Ph.D.]
Educational Leadership [M.A.]	Teaching [M.T.]—Endorsements in: Biology [6-12] English [6-12] Mathematics [6-12] Music [PK-12]

(Please indicate by checking the appropriate degree)

- | | | |
|---|---|--|
| <input type="checkbox"/> Non-Degree – ND | <input type="checkbox"/> Master of Science – M.S. | <input type="checkbox"/> Doctor of Philosophy – Ph.D. |
| <input type="checkbox"/> Master of Arts – M.A. | <input type="checkbox"/> Master in Teaching – M.T. | <input type="checkbox"/> Doctor of Physical Therapy – D.P.T. |
| <input type="checkbox"/> Master of Business Administration – M.B.A. | <input type="checkbox"/> Education Specialist – Ed.S. | |

PROPOSED MAJOR – Select from list above (e.g. Biology, Counseling, etc.)

PROPOSED AREA OF CONCENTRATION – Select from list above (e.g. Environmental Science, College Student Development, etc.)

I understand that falsification of any information given in this application for admission will result in a re-evaluation of my admission to Hampton University. I understand that all credentials (originals or photocopies) submitted in support of this application become the property of Hampton University and are not returnable.

Signature of Applicant _____ Date of Signature _____

OFFICE USE ONLY

Application fee: Received Not Received

HAMPTON UNIVERSITY
PERSONAL
STATEMENT

THIS SECTION TO BE COMPLETED BY APPLICANT. (Please type or print)

Last Name _____ First _____ M.I. _____

Social Security Number _____ Proposed Major _____

Date _____ Area of Concentration _____

Your statement should include your reasons for deciding to pursue a graduate degree in the field you have selected, any study and/or research you may have already completed, issues you would like to address, as well as your professional goals. We recommend that this statement be typed with a minimum of 150 words. (Please feel free to use additional sheets if necessary.)

HAMPTON UNIVERSITY APPLICANT EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY APPLICANT. (Please type or print)

Last Name _____ First _____ Middle _____

Social Security Number _____ Proposed Major _____

Name of Recommender _____

Date by which this form should reach Hampton University _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive I do not waive my right to inspect the contents of the following recommendation.

Signature _____ Date _____

NOTE: This waiver is not required as a condition for admission, receipt of financial aid, or any other service and benefits from Hampton University. It is a Hampton University policy that all letters of recommendation be used for the admission process only and will be disposed of after they have served this purpose.

TO THE RECOMMENDER: We would appreciate your opinion of this applicant for graduate study, including comments on strengths and weaknesses, creativity, initiative and aptitude for advanced study. How long and in what capacity have you known the applicant? How does the applicant compare to students you have known who have attended graduate school in recent years? Any other relevant information you care to include will be welcomed. Please attach your personal letter to this form. SPECIAL NOTE: For applicants to an education program, please include information regarding the candidate's intellectual competence, enthusiasm for the subject, and concern for the teaching profession. Please include information concerning any qualities, which may indicate an aptitude for teaching.

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO:
THE GRADUATE COLLEGE
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

HAMPTON UNIVERSITY APPLICANT EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY APPLICANT. (Please type or print)

Last Name _____ First _____ Middle _____

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HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668



The Graduate College
Hampton University
Hampton, Virginia 23668
(757) 727-5454
hugrad@hamptonu.edu
<http://gradcoll.hamptonu.edu>