

REFERENCES

Please list the name and address of three persons, including your current supervisor, who know of your professional/academic work and are willing to recommend you for this program. Give each person a recommendation form and instruct them to mail it directly to the Graduate Office. Your application will NOT be considered complete until all references have been received. (Loans cannot be processed until your file is complete.)

1. _____
2. _____
3. _____

REQUIRED ENTRANCE EXAMINATION

Submit the following:

Official test score transcript from completing the Miller Analogies Test

Name of Test(s) Taken/Will Take: _____ Date Taken/Will Take: _____

Register for the MAT at www.milleranalogies.com

ADDITIONAL INFORMATION

Have you ever applied to Cumberland University before? Yes No If Yes, when? _____

STATEMENT OF ACCURACY

I understand withholding information requested in this application or giving false information may make me ineligible for admission to, or continuation in, Cumberland University's Graduate programs. I certify that the above statements are correct and complete.

SIGNATURE

DATE

APPLICATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> All questions answered and application signed. | <input type="checkbox"/> Recommendation forms given to recommenders. |
| <input type="checkbox"/> Transcript requests sent to <u>all</u> colleges attended. | <input type="checkbox"/> Request for OFFICIAL test scores submitted to testing service. |

Please submit the following documents *with* your application:

- Application
- Application Fee (\$50)

Mail to: Cumberland University, Graduate Admissions Office, One Cumberland Square, Lebanon, Tennessee 37087-3408
Telephone: 615-547-1206 Toll-free: 1-800-467-0562 Ext. 1206

Cumberland University makes no distinction in its admission policies or procedures on grounds of age, sex, religion, race, color, national origin, or physical handicaps.

CU 3/2010



To Be Completed by Applicant:

Name: _____ SS#: _____

Address: _____

City/State/ZIP: _____

NOTE TO APPLICANT: This form must be used for recommendations. Please enter your name above and deliver one copy of this form to three individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Cumberland University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, he or she may request to see the recommendation forms after enrolling in the Graduate Studies Program at Cumberland University.

If you wish to waive your right to examine the recommendation submitted by the person to whom this form is being given, please sign here:

Signature of Applicant Date

TO BE COMPLETED BY THE RECOMMENDER: The person named above is applying for admission to Cumberland University's Graduate program. We would appreciate your assessment of the applicant and welcome your comments. Please read the *Note to Applicant* above regarding confidentiality. We appreciate your time and effort.

How long have you known the applicant and in what capacity? _____

What do you consider to be the applicant's greatest attributes and abilities? _____

In what areas do you think the applicant needs the most improvement? _____

How well do you think the applicant has considered plans for graduate study? _____

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation? _____

(continued on back)

In terms of the qualities listed below, please evaluate the applicant:

	EXCEPTIONAL (Top 5%)	OUTSTANDING (Top 15%)	ABOVE AVERAGE (Top 33%)	AVERAGE	BELOW AVERAGE (Bottom 33%)	NOT ABLE TO RATE
Intellectual Ability						
Analytical Ability						
Ability to work with others						
Written Communications						
Oral Communications						
Leadership Potential						
Motivation and Organization						
Ethical Behavior						

RECOMMENDATION:

Highly recommend Recommend without reservation Recommend with reservation Do not recommend

Name: _____

Title: _____ Institution: _____

Address: _____

City/State/ZIP: _____ Work Telephone: _____

Signature of Recommender

Date

We welcome any additional comments you may wish to make regarding the applicant's abilities.

Please forward this form to: Cumberland University
Graduate Admissions Office
One Cumberland Square
Lebanon, Tennessee 37087-3408

Telephone: 615-547-1206 (local)
1-800-467-0562 Ext. 1206(toll-free)
FAX: (615) 444-2569

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REQUEST FOR TRANSCRIPT

TO THE STUDENT: Please complete the information below. Make as many copies as you need, and send one to the Registrar at each college or university that you attended for bachelor's degree and graduate coursework.

NAME _____

PRESENT ADDRESS _____

TELEPHONE NUMBER _____

E-MAIL _____

BIRTHDATE _____ SS# _____

I authorize _____ to release my transcript
(Name of College)
and any information contained in my academic and/or personnel records to Cumberland University.

SIGNATURE

DATE

TO THE REGISTRAR:

The student named above has applied for admission to our graduate program. This form is part of the official application. Please return this form and an official copy of the student's transcript to:

Cumberland University
Graduate Admissions Office
One Cumberland Square
Lebanon, TN 37087-3408