APPENDIX B

Jackson State University
School of Instructional Leadership
Application for Admission to the Secondary Education (Masters/Specialist)

Application must be typed or printed. Failure to provide all requested information will disqualify the application for consideration.

Last Name     First Name     MI     Date

Mailing Address     City     State     Zip

Day Phone     Mobile Phone     Evening Phone

Email Address

Please indication the level of degree seeking. _____ MASTERS      _____ SPECIALIST

ALL COLLEGES AND UNIVERSITY ATTENDED

<table>
<thead>
<tr>
<th>College/University</th>
<th>Name and Location</th>
<th>Major</th>
<th>Degree Granted</th>
<th>Date</th>
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Center for Teacher Quality
P.O. Box 17124
Jackson, MS 39217
Application for Admission to the Secondary Education Program (Masters/Specialist)

Please indicate other academic honors you have been awarded such as honors, scholarships, fellowships, and membership in honorary academic organizations. *(Attach additional pages to the application if needed)*

**Honors**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**CURRENTLY HELD TEACHING LICENSES**

<table>
<thead>
<tr>
<th>Type</th>
<th>Area of Licensure</th>
<th>State</th>
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**PROFESSIONAL EXPERIENCE**

Starting with your current or most recent position, indicate your professional employment history. *(Attach additional pages if needed)*

<table>
<thead>
<tr>
<th>Position</th>
<th>Employer</th>
<th>Employer’s Address</th>
<th>Date of Employment</th>
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Center for Teacher Quality
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Application for Admission to the Secondary Education Program (Masters/Specialist)

Please indicate all current professional organization membership and any offices held.

Professional Organizations
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Research and Publications (include Master Degree thesis or project title)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

REFERENCES
Indicate the names and addresses of the persons asked to complete the reference rating form.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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Center for Teacher Quality
P.O. Box 17124
Jackson, MS  39217

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APPENDIX C
Secondary Education
Jackson State University

Reference Form for Applicants to the Secondary Education Program

Applicants must provide the following information.

Name of Applicant __________________________ Telephone Number ______________

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

Signature of Applicant __________________________ Date __________________________

Do Not Waiver of Access: I, the undersigned, do not waive the right of personal access to references.

Signature of Applicant __________________________ Date __________________________

Persons providing references for the above named applicant are requested to assess the applicant’s potential to pursue the Ed.S in Educational Leadership and to lead an educational organization.

I have known the applicant _______ years in the capacity of __________________________

Please rate the applicant on the following skills and disposition related to success in the Educational Specialist Degree Program.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Upper 5%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Middle 50%</th>
<th>Lower 25%</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Leadership Potential</td>
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<td>Problem-Solving Skills</td>
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<td>Collaborative Skills</td>
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<td>Dependability</td>
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<td>Intellectual Curiosity</td>
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<td>Communication Skills</td>
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Signature of Person Providing Reference __________________________ Position __________________________

Telephone Number __________________________ Email Address __________________________

Additional Comments (Please use the reverse side of this page)

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