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 ATTTENDED

College/University	Name and Location	Major	Degree Granted	Date

Return to: Secondary Education Coordinator
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

Type	**Area of Licensure**	**State**

PROFESSIONAL EXPERIENCE

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

Position	Employer	Employer's Address	Date of Employment

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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 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
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Jackson, MS 39217

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.

	Upper 5%	Upper 10%	Upper 25%	Middle 50%	Lower 25%
Intellectual Ability					
Leadership Potential					
Problem-Solving Skills					
Collaborative Skills					
Dependability					
Intellectual Curiosity					
Communication Skills					

_____ _____
Signature of Person Providing Reference Position

_____ _____
Telephone Number Email Address

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

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