

**PART-TIME MASTER OF EDUCATION PROGRAM
APPLICATION PROCESS**

The Master of Education (MEd) program is an interdisciplinary self-growth model designed to prepare educational leaders for learning environments such as classrooms, schools and other learning organizations. You will have the opportunity to explore the major themes of curriculum leadership through the central concepts and framework of education. The program offers the option of completing a thesis, major research paper (MRP) or a research project and seminar plus courses that are offered both on-site and online in various locations

Degree Offered: Master of Education

Application Deadline: Summer start: April 13, 2012
Fall start: June 8, 2012

Application Fee: \$75

ADMISSION REQUIREMENTS:

The minimum requirement for admission consideration is an undergraduate degree with a minimum average of 75% on the last ten full courses (or 20 half/semester courses or other equivalent) completed at the time of application. This is a limited enrollment program and admission is competitive. Consideration will be given to undergraduate marks as well as supplemental information required with the application.

The following documents must be submitted before an application to the program will be considered:

1. Application Form completed in full;
2. \$75.00 Application Fee – cheque or money order must be submitted with the application, payable to Nipissing University. Please note that credit cards are not accepted for payment of application fee.
3. Official transcript(s). Official transcripts from all universities attended, including foreign universities and universities attended on exchange or on a Letter of Permission. All transcripts, including foreign transcripts, must be original, sent directly by the issuing institution to Nipissing University. (Foreign transcripts not written in English must be accompanied by an officially certified English translation).
4. Three references (Academic or Professional, preferably two academic), completed on the included forms, mailed with the application form in sealed envelopes with the referee's signature over the seal. Please note that references cannot be related to the applicant.
5. A résumé detailing educational and professional experience.
6. A typed statement of approximately 500 words explaining the value of undertaking a Master of Education program.
7. Proof of Proficiency in English for applicants whose first language is not English. Please contact the Office of the Registrar for information about our English Language Proficiency requirements.

SUBMIT ALL DOCUMENTS BY THE DEADLINE TO:

Office of the Registrar
Nipissing University
100 College Drive, Box 5002
North Bay ON P1B 8L7

CONTACT INFORMATION: Phone: 705-474-3461, ext. 4571, Fax: 705-495-1772, email: admiss@nipissingu.ca

Protection of Privacy

Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992. Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs". Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services.

Office of the Registrar
 100 College Drive, Box 5002, North Bay, ON P1B 8L7
 Telephone (705) 474-3450 ext. 4571, Fax: (705) 495-1772 email: admiss@nipissingu.ca

STUDENT NUMBER	SURNAME	DATE OF BIRTH
		MM DD YY

GIVEN NAMES	SEX	SOCIAL INSURANCE NUMBER

ADDRESS		
POSTAL CODE	TELEPHONE	WORK TELEPHONE
-	()	()

FORMER NAME	E-MAIL ADDRESS (please provide)

SESSION
<input type="checkbox"/> SUMMER <input type="checkbox"/> FALL

STATUS IN CANADA	FIRST LANGUAGE	HAVE YOU PREVIOUSLY ATTENDED NIPISSING?
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Student <input type="checkbox"/> International Applicant	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	<input type="checkbox"/> YES _____ MOST RECENT YEAR <input type="checkbox"/> NO

Country of residence: _____ Country of Citizenship: _____

NAME OF POST-SECONDARY INSTITUTIONS ATTENDED	LOCATION	ATTENDED FROM	TO	DEGREE RECEIVED OR EXPECTED	GRADUATION DATE/EXPECTED DATE

DECLARATION: I HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE CORRECT AND COMPLETE INCLUDING MY DECLARATION OF CITIZENSHIP AND IMMIGRATION STATUS. I UNDERSTAND THAT MISREPRESENTATION OF THIS DATA MAY RESULT IN ADMISSION TO OR REGISTRATION IN THE UNIVERSITY BEING RESCINDED. I ALSO ACCEPT THAT INFORMATION ON FALSIFIED DOCUMENTS IS SHARED WITH THE ASSOCIATION OF UNIVERSITIES AND COLLEGES OF CANADA.

_____ DATE	_____ SIGNATURE OF APPLICANT
---------------	---------------------------------

PLEASE PRINT OR TYPE

Applicant: Please complete this section before presenting to referee

Name of Applicant:

Surname

Given Names

Referee: We would appreciate your appraisal of the above applicant for a Master's degree in the field of Education. The information in the report will be considered confidential.

1. How long have you known the applicant? (MM/YY) From: _____ to _____
2. In what capacity? _____
3. Indicate with an 'X' your evaluation of this applicant with respect to his/her ability to complete a graduate program in the field of education:

	Excellent	Very Good	Good	Fair	Poor	No Basis for Comment
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarly Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In comparison with other students at the applicant's level, indicate where you would place this applicant.
 Among the top 5% 10% 25% 40% 50%

5. Please add any comments and indicate if there are any factors which might prevent the applicant from successful graduate study. (Attach additional sheets if necessary)

Name

Faculty

Signature

Telephone

Please return the completed form to the applicant in a sealed envelope with your signature over the seal. The applicant will include the recommendation in their application package.

Questions?
(705) 474-3450 ext 4761

Institution

Address

Date

PLEASE PRINT OR TYPE

Applicant: Please complete this section before presenting to referee

Name of Applicant:

Surname

Given Names

Referee: We would appreciate your appraisal of the above applicant for a Master's degree in the field of Education. The information in the report will be considered confidential.

- How long have you known the applicant? (MM/YY) From: _____ to _____
- In what capacity? _____
- Indicate with an 'X' your evaluation of this applicant with respect to his/her ability to complete a graduate program in the field of education:

	Excellent	Very Good	Good	Fair	Poor	No Basis for Comment
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarly Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- In comparison with other students at the applicant's level, indicate where you would place this applicant.
 Among the top 5% 10% 25% 40% 50%

- Please add any comments and indicate if there are any factors which might prevent the applicant from successful graduate study. (Attach additional sheets if necessary)

Name

Faculty

Signature

Telephone

Please return the completed form to the applicant in a sealed envelope with your signature over the seal. The applicant will include the recommendation in their application package.

 Questions?
 (705) 474-3450 ext 4761

Institution

Address

Date

PLEASE PRINT OR TYPE

Applicant: _____ Please complete this section before presenting to referee

Name of Applicant:

Surname

Given Names

Referee: We would appreciate your appraisal of the above applicant for a Master's degree in the field of Education. The information in the report will be considered confidential.

- Professional Relationship to applicant _____
- Period of relationship upon which assessment is based From: _____ to _____
- Indicate with an 'X' your evaluation of this applicant in comparison with others performing similar duties.

		Excellent	Very Good	Good	Fair	Poor	No Basis for Comment
Professional Knowledge and Ability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Relationships with...	Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability of Performance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with Current Theory & Practice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- In comparison with others performing similar professional duties, how would you rank this applicant.
 Among the top 5% 10% 25% 40% 50%

- Please add any comments concerning the applicant's professional performance and indicate if there are any factors which might prevent the applicant from successful graduate study. (Attach additional sheets if necessary)

Name _____

Position _____

Signature _____

Telephone _____

Please return the completed form to the applicant in a sealed envelope with your signature over the seal. The applicant will include the recommendation in their application package.

 Questions?
 (705) 474-3450 ext 4761

Institution _____

Address _____

Date _____