

# Application to Graduate Program

Semester \_\_\_\_\_

## Certificate of Advanced Study in Research Methods

\_\_\_\_\_  
Last Name      First Name      Middle Initial      Former Name      Student ID

\_\_\_\_\_  
Home Phone #      Cell Phone#      Email

### Educational Background

Undergraduate Degree	Major	Institution	Term Graduated
Graduate Degree	Major	Institution	Term Graduated
Current California Credential- Type of Credential	Institution	Date Expires	

### Application Requirements

1. Major Change form
2. Unofficial transcripts
3. Statement of Purpose
4. 2 Letters of Recommendation (including rubrics)

**Please submit the completed application packet to the Department of Curriculum and Instruction, ED 250, email application to the program coordinator, or mail to:**

Kremen School of Education and Human Development  
Department of Curriculum and Instruction  
Attn: Coordinator, Certificate of Advanced Study in Educational Technology  
5005 North Maple Ave. M/S ED2  
Fresno, CA 93740-8025



# Statement of Purpose

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

In the space provided below (or an attached page), provide relevant information about yourself including goals, objectives, and experiences related to the master's degree and/or advanced credential/certificate program to which you are applying. Please focus primarily on your short-term and long-term professional goals. You may attach additional pages. (1-2 pages maximum)



Kremen School  
of Education and  
Human Development

## Letter of Recommendation Rubric

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

**To the Applicant:** Complete the information requested above and give to the person(s) providing the reference(s). Please note that, generally, confidential recommendations often provide more useful information. **In accordance with the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and the related policies and regulations, it is also understood that upon request, this letter will not be made available to the applicant (or candidate) for examination.** If you agree, you may sign the waiver below. The decision is up to you.

I waive the rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Evaluator please complete the section below

The Kremen School of Education and Human Development would appreciate a statement from you evaluating the person named above for enrollment in and successful completion of an advanced credential and/or Master degree program. If additional space is needed, the back of this form may be used. **Please provide the applicant with this form and a letter of recommendation in a sealed envelope with your signature across the seal.**

Please rate the applicant with other individuals seeking comparable experiences.

	Superior	Above	Average	Below
Intellectual Ability				
Imagination and Creativity				
Interest and Enthusiasm				
Ability to Communicate				
Stability				

If you alone were making the decision as to whether or not the applicant should be accepted, which of the following would you do?

<input type="checkbox"/>	Seek out	Will be a truly outstanding student and professional
<input type="checkbox"/>	Definitely Accept	Will complete the program at a superior level
<input type="checkbox"/>	Accept	Should complete the program at a satisfactory level
<input type="checkbox"/>	Accept	Accept, but with reservation concerning ability or motivation (please explain)
<input type="checkbox"/>	Do not accept	Please explain

Signed \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

**This rubric and a letter of recommendation is to be included with other application materials and submitted in one complete packet. *Do not send separately.***



Kremen School  
of Education and  
Human Development

## Letter of Recommendation Rubric

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

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Contact Number \_\_\_\_\_ Email \_\_\_\_\_

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# Student Data Sheet

Semester \_\_\_\_\_

## Certificate of Advanced Study in Educational Technology

\_\_\_\_\_  
Last Name First Name Former Name Student ID

\_\_\_\_\_  
Home phone# Cell phone# Email

### FOR OFFICE USE ONLY

Major change form

Unofficial transcript - 2.75 GPA requirement

Undergrad GPA \_\_\_\_\_

Postbac GPA \_\_\_\_\_

Last 60 Units GPA \_\_\_\_\_

Statement of purpose

2 letters of recommendation

### Faculty Review

### Notes

Certificate Program: ☐ Admit ☐ Deny

Admit Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_