



Application for Admission  
***GRADUATE EDUCATION  
PROGRAMS***

**LLOYD AND GEORGIA THAYER  
SCHOOL OF EDUCATION**

[www.metro.wingate.edu](http://www.metro.wingate.edu)

**Program requirements and instructions for applicants:**

- **Complete the application form**
- **Have official score on GRE or MAT sent by Testing Agency**
- **Have all official transcripts sent from all schools attended**
- **Have two recommendation forms from supervisors sent**
- **Include \$30 application fee payable to Wingate University (non-refundable)**
- **Completed application materials should be submitted to Wingate University, Director of Graduate Education Programs, P.O. Box 3549, Matthews, NC 28106**

**Personal Data** (please type or print in ink)

Name \_\_\_\_\_  
Last First Middle or Maiden Preferred

Permanent Address \_\_\_\_\_  
Number/Street City/State/Zip County

Home Telephone (\_\_\_\_) \_\_\_\_\_ Daytime Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

N.C. Resident  U.S. Citizen Social Security Number \_\_\_\_\_

Closest relative \_\_\_\_\_  
Relationship Full Name

Address \_\_\_\_\_ Primary Contact # (\_\_\_\_) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

I am applying for admission to begin  Fall  Spring  Summer Year \_\_\_\_\_

**Check program:**

- Master of Arts in Education (K-6)
- Master of Arts in Education in Physical Education (K-12)
- Master of Arts in Sport Administration
- Master of Arts in Teaching (K-6)
- Master of Arts in Educational Leadership (K-12)
- Administrative Add-on Licensure (K-12)
- AIG Licensure (K-12)
- Non-degree seeking student

***Educational Data***

High School Name & City \_\_\_\_\_ Graduation Date \_\_\_\_\_

Colleges attended or currently attending (list most current first)

NAME & ADDRESS OF INSTITUTION	DATES ATTENDED	GRADUATION DATE	DEGREE AND MAJOR

Area of Public School Licensure (if any) \_\_\_\_\_

I took (or plan to take) the GRE or MAT \_\_\_\_\_  
 Month \_\_\_\_\_ Year \_\_\_\_\_

***Employment Record***

Indicate any employment you have had in the last three years. (indicate school-related)

FROM	DATES	TO	EMPLOYER	POSITION

***Required Data***

The following information will be used only in completing statistical reports. The information provided is not used as part of the admissions decision.

Date of Birth \_\_\_\_\_  Male  Female  
 Race:  American Indian  Asian/Pacific Islander  Black/Non-Hispanic  White  Hispanic  
 Other \_\_\_\_\_ Religious Affiliation \_\_\_\_\_ Church you attend. \_\_\_\_\_

***Student Statement***

I understand that withholding information requested with this application or giving false information gives the Admissions Committee the right to make me ineligible for admission to/or continuation at Wingate University. With this in mind, I certify that the above statements are accurate. I consent to the use of my name and photograph in publications of Wingate University.

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

## **ADDITIONAL INFORMATION**

(Please provide any additional information that should be taken into consideration for admission to the program, including your reasons for entering the program.)

(Please type as a word document and submit with printed application)

**Wingate University is operated on a nondiscriminatory basis. Wingate University abides by the provisions of Title VI of the Civil Rights Act of 1964, Title XI of Educational Amendments of 1972, and the Rehabilitation Act of 1973, Section 504.**



**110 Matthews Station St.  
P.O. Box 3549  
Matthews, NC 28106  
(704) 849 – 2132  
[www.metro.wingate.edu](http://www.metro.wingate.edu)**