

JOHNSON & WALES UNIVERSITY

SCHOOL OF EDUCATION

Application for Admission to the Doctoral Program in Educational Leadership

PROGRAM SELECTION: Higher Education Elementary-Secondary Education

PERSONAL INFORMATION

Social Security Number _____ / _____ / _____ Date of Birth _____ / _____ / _____ Sex () Male () Female

Full Name (Last, First, Middle Initial) _____

Permanent Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

E-mail Address _____

Name of person to contact in an emergency _____

Address _____

Telephone _____ Relationship _____

Ethnic Origin (for reporting purposes only)

Please check one: _____ White (not of Hispanic origin) _____ Black _____ Hispanic
_____ Asian or Pacific Islander _____ Native American

EMPLOYMENT INFORMATION

Current Employer _____ Job Title _____

Address _____

City _____ State _____ Zip _____

STATUS IN THE UNITED STATES

Are you a citizen of the United States? YES NO If no, do you hold permanent resident status? YES NO

Do you hold a valid U.S. visa? YES NO If yes, circle visa type: B-1 B-2 F-1 F-2 H H-1 J-1 J-2

Have you ever been convicted of a felony or had a felony-type charge sustained against you in a juvenile proceeding? YES NO

HOW DID YOU LEARN ABOUT JOHNSON & WALES UNIVERSITY? Please check one:

Newspaper Reputation Presentation Radio Magazine
 Direct Mail Referral Television J&W Student/Graduate Other

Have any members of your family graduated from J&W? YES NO Name _____ Relationship _____

Are any members of your family now attending J&W? YES NO Name _____ Relationship _____

EDUCATION (Start with most recent)

Name and Address of Institution _____ Degree _____ Major Field of Study _____ Date Started _____ Date Completed _____

PROFESSIONAL EXPERIENCE (Start with most recent)

Name and Address of Business	From/To Dates	Position	Type of Business	Immediate Superior

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (Buckley Amendment)

Please check the appropriate phrase and sign your name.

Pursuant to the Buckley Amendment, I DO I DO NOT give my permission for my name, photograph, address and/or telephone number to be used for promotional purposes.

Name _____ Date _____

All applicants must read and sign the following.

By submitting this application, I certify to Johnson & Wales University that all information in this application and in my supporting documentation is true, correct, and complete (including the listing of all other colleges or postsecondary institutions attended by me). I hereby authorize the university to obtain my official high school or secondary school transcript and all college or postsecondary transcripts from the schools and institutions that I have attended. I give permission to the university to contact and share information with issuing institutions or other appropriate third parties for the purpose of verifying any documentation or information I have provided. I understand and agree that the university may revoke my acceptance or enrollment if any information or documentation provided by me is false or incomplete or if the university learns of any past or present misconduct by me that would affect my ability to represent and uphold the high standards of the university. If I enroll at Johnson & Wales University, I agree that I will satisfy all financial obligations incurred by me and comply with and uphold the policies, rules and regulations of the university. I authorize the university to publish for public relations purposes my photograph or photographs in which I appear. I have read and understand the Doctoral Catalog and its accompanying literature and agree to abide by the procedures and policies stated.

Signature _____ Date _____

Johnson & Wales University does not discriminate unlawfully on the basis of race, religion, color, national origin, age, sex, sexual orientation, gender identity or expression, or disability in admission to, access to, treatment of, or employment in its programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Sandra Lawrence, Compliance Officer, Johnson & Wales University, One Cookson Place, Providence, RI 02903, 401-598-1423. Inquiries concerning the application of nondiscrimination policies may also be referred to the Regional Director, Office for Civil Rights, U.S. Department of Education, 33 Arch Street, Suite 900, Boston, MA 02110-1491. Residents of Georgia may utilize the refund policy required by Georgia law. In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Johnson & Wales University publishes an Annual Security Report, which discloses information about campus security policies and procedures, and statistics concerning reported crimes that occurred on campus, on university-controlled property, and on public property immediately adjacent to campus. A copy of the report may be obtained from the Admissions Office or at www.jwu.edu. Completion and graduation rate data for specific cohorts of first-time, full-time undergraduate students is available. Contact the Student Academic & Financial Services Office for assistance with obtaining this information.

Send all application materials to

School of Education
Doctoral Admissions Coordinator
Johnson & Wales University
8 Abbott Park Place
Providence, RI 02903

JOHNSON & WALES UNIVERSITY
SCHOOL OF EDUCATION
Doctoral Program in Educational Leadership

Recommendation Form

TO THE STUDENT: Enter your name in the space provided. If you wish to waive your right to access the recommendation, sign the statement below. Send this form and the envelope provided to the person making the recommendation. You may either make photocopies of this form or have letters of recommendation sent directly to the director of doctoral admissions (see mailing information on reverse side of this form).

Name (Last, First, Middle Initial) _____

Optional Waiver of Rights

I hereby waive my rights to have access to this evaluation form, when completed, and understand that this confidential recommendation is to be used only in consideration of my application to the Doctoral Program in Educational Leadership at Johnson & Wales University.

Signature _____

Date _____

TO THE PERSON MAKING THE RECOMMENDATION: The above named person is seeking admission to the Doctoral Program in Educational Leadership at Johnson & Wales University. The student asked that your recommendation be included in criteria that the Admissions Committee will consider when making its decision for acceptance. Upon answering the questions, mail this form directly to the Admissions/Program Coordinator at the Alan Shawn Feinstein Graduate School, Johnson & Wales University, 8 Abbott Park Place, Providence RI 02903, in the envelope provided. You may answer our questions on a separate sheet of paper if you wish.

1. How long have you known the applicant? _____

2. In what capacity? _____

3. What leadership talents does the applicant possess? _____

4. What weaknesses does the applicant demonstrate? _____

5. To what extent do you believe the applicant might contribute to educational research? _____

6. Do you think the candidate is (has the potential to be) an educational leader? _____

7. Please provide any additional comments that you believe would be helpful to the Admissions Committee in assessing the applicant's ability to be a successful student in the Doctoral Program in Educational Leadership at Johnson & Wales University.

QUALIFICATIONS

Please evaluate the applicant in the appropriate boxes.

	Outstanding	Superior	Good	Average	Poor	Not Able to Evaluate
Intellectual Ability						
Oral Communications						
Written Communications						
Interpersonal Skills						
Perseverance						
Ethical Behavior						
Inquisitiveness						
Creativity						
Research Potential						
Computer Skills						
Leadership Potential						
Independence						
Commitment to Education						

The space below is provided for you to offer your own personal statement about the applicant's qualifications. Please provide any pertinent information you might have to assist the Admissions Committee in their decision.

Do you recommend this applicant for admission to the Doctoral Program in Educational Leadership? YES NO

Your Name _____

Position or Title _____

School or Firm _____

Street Address _____

City/ State/ Zip _____

Signature _____ Date _____

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 8 Abbott Park Place
 Providence, RI 02903

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PERSONAL STATEMENT

Please submit a typewritten personal statement of about 1,500 words identifying your reasons for pursuing study in the Doctoral Program in Educational Leadership. Indicate your professional goals, academic interests, your reasons for pursuing the degree, relevant experiences and how you might contribute to the program as a student. You may use additional pages as required.