Graduate and Professional Programs
APPLICATION
for Master of Arts in Special Education
Applying for Admission

Application Steps for Master of Arts in Special Education (MASE) Applicants:

1. **Complete the entire Graduate and Professional Programs Degree Seeking Application** thoroughly. An incomplete application cannot be considered and will be returned to the applicant. Please note: the MASE program only admits students for summer semesters, therefore, please indicate a summer start term.

2. **Submit the non-refundable application fee of $50.** Checks or money orders should be made payable to Belmont University.

3. **Submit two recommendation forms** – Have two people (non-relatives) complete a recommendation form (enclosed in this application packet).

4. **Submit official transcripts** from all colleges and/or universities attended, even those from which transfer credits were received. For a transcript to be official, it may not be marked “Issued to Student” or have previously been opened. All official transcripts must be on file with the Office of Admissions before an admissions decision can be made. In addition, applicants with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny & Associates (www.jsilny.com). The evaluation and all official transcripts must be submitted. Please allow 4-6 weeks for all official transcripts to be received.

5. **Submit official test scores** from GRE (Graduate Record Examination) or MAT (Miller Analogies Test) test. Test scores must have been earned within the last five years. Please allow 4-6 weeks for official test scores to be received.

6. **Submit a one-page letter** on why you want to pursue the program.

7. **Submit a current resume.**

Admission Requirements

Admission requirements are program specific. For a list of the admissions requirements, please visit the admissions website (http://www.belmont.edu/prospectivestudents/graduate/) and click on the program you wish to view. Applications for admission are also program specific so be sure to download and submit the application of the program to which you intend to apply. You can find a list of program applications at (http://www.belmont.edu/prospectivestudents/graduate/).

International Applicants

1. International applicants whose native language is not English must demonstrate proficiency in the English language by submitting official TOEFL scores (required minimum of 550 PBT or 80 iBT) or by successful completion of ELS Language Center Level 112.

2. International applicants with college level course work from foreign institutions must have their transcripts evaluated by a credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny & Associates (www.jsilny.com).

3. In order to be issued an I-20 for the desired entry term, international applicants must be admitted no later than March 1 in order to enroll for the summer term.

Please send all application materials to:
Belmont University
Office of Admissions
1900 Belmont Blvd.
Nashville, TN 37212-3757
615.460.5434 Fax

Questions about your application and/or requirements should be directed to:
Belmont University
Department of Education
1900 Belmont Blvd.
Nashville, TN 37212-3757
615.460.5483 Phone
andrea.mcclain@belmont.edu
Applicant Information

Term for which you are applying  ☐ Summer  20____
Degree for which you are applying  Master of Arts in Special Education
Program for which you are applying  Special Education
Program Track/Concentration  Not Applicable

Have you previously applied for admission to a Graduate or Professional Program at Belmont University?  ☐ Yes  ☐ No
If yes, what program? ___________________________________________ for what term? ___________________________

Have you previously paid a $50 Graduate and Professional Programs application fee?  ☐ Yes  ☐ No

Have you previously attended Belmont University?  ☐ Yes  ☐ No  If yes, for what term? ___________________________

Personal Data

First Name __________________________________________ Middle Name __________________________ Last Name __________________________
Preferred First Name __________________________________________ Former Last Name (if any) __________________________
Soc. Sec. No. __________________________________________ E-mail Address __________________________

Mailing Address Line 1 ______________________________________________________________________________________
Mailing Address Line 2 ______________________________________________________________________________________
City __________________________________________ State/Province ________ Zip/Postal Code ________ Country __________________________________________
Home Phone (______) __________________________ Work Phone (______) __________________________ Cell Phone (______) __________________________

Please select your citizenship status  ☐ U.S. Citizen  ☐ Dual U.S. Citizen  ☐ Permanent U.S. Resident  ☐ Other
If you are not a U.S. Citizen, please fill out the International Supplement.

The following information is requested for statistical purposes only; completion is optional.

Birthdate (MM/DD/YYYY) __________________________ Gender  ☐ Male  ☐ Female
Are you a U.S. Armed Services Veteran?  ☐ Yes  ☐ No
Marital Status  ☐ Single  ☐ Married  ☐ Separated  ☐ Divorced  ☐ Remarried  ☐ Widowed
Religious Preference __________________________________________

Ethnic Background: Are you Hispanic or Latino?  ☐ Yes  ☐ No
Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member.

☐ American Indian or Alaskan Native  ☐ Asian  ☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander  ☐ White
**Education Information**

List the names and locations of all colleges/universities at which you have taken courses (including Belmont if you are a former student) and the degrees you have been awarded starting with the most recent. Please use the Additional Education Information Sheet, enclosed in this application packet, if needed. All official transcripts must be mailed directly to the Belmont University Office of Admissions from each institution, including Belmont if you are a former student. In addition, students with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny (www.jsilny.com).

**Institution Attended 1**

College/University Name _____________________________________________________________
City ___________________________________ State/Province __________________ Country __________________
Date attended from (MM/DD/YYYY): ___________ to: ___________ GPA earned at this college (on a 4.00 scale): ___________
Degree earned/expected ____________________________________________________________ if no degree earned/expected, please leave blank

**Institution Attended 2**

College/University Name _____________________________________________________________
City ___________________________________ State/Province __________________ Country __________________
Date attended from (MM/DD/YYYY): ___________ to: ___________ GPA earned at this college (on a 4.00 scale): ___________
Degree earned/expected ____________________________________________________________ if no degree earned/expected, please leave blank

**Institution Attended 3**

College/University Name _____________________________________________________________
City ___________________________________ State/Province __________________ Country __________________
Date attended from (MM/DD/YYYY): ___________ to: ___________ GPA earned at this college (on a 4.00 scale): ___________
Degree earned/expected ____________________________________________________________ if no degree earned/expected, please leave blank

**Employer Information** (if applicable)

Are you a current Belmont employee?  □ Yes  □ No
Employer Name __________________________________________________________ Current Position __________________________
Address __________________________________________________________
City ___________________________________ State/Province __________________ Zip/Postal Code _________ Country __________________
Former Employer Name __________________________________________________________
Address __________________________________________________________
City ___________________________________ State/Province __________________ Zip/Postal Code _________ Country __________________

**In case of emergency, notify person listed below:**

First Name __________________________ Last Name __________________________ Relationship __________________________
Address __________________________________________________________
City ___________________________________ State/Province __________________ Zip/Postal Code _________ Country __________________
Phone (______) ____________________
Background Information

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal or expulsion from the institution.  

- Yes  
- No

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime? (Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by a court to be kept confidential.)  

- Yes  
- No

If you answered “yes” to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances and reflects on what you learned from the experience.

Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.

References

College of Law applicants are not required to submit letters of reference.

For all other applicants, please list the name and address of two persons who know you (professionally and/or academically) and are willing to address your ability, interest and motivation for pursuing this program. Give each person a recommendation form and instruct them to return it directly to the admissions office. Your application cannot be reviewed until all references have been received.

1.____________________________________________________________________________________________________________________________________

2.____________________________________________________________________________________________________________________________________

I certify that all information given is complete and accurate. I understand that my failure to provide complete and accurate information may result in dismissal from the university or other appropriate disciplinary action. If admitted to Belmont University, I agree to abide by the policies and provisions stipulated in the university catalog.

Signature of Applicant ____________________________  Date ____________________________

For information regarding Belmont University’s campus security record and policies, please contact the Belmont University Office of Safety and Security at 615.460.6617. In compliance with the Student Right to Know Act, Belmont’s persistence (retention) rates are available at the Institutional Research Office. In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Belmont University does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, military service, or sexual orientation in its administration of education policies, programs or activities, its admissions policies, or employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. The university has appointed the director of the Office of Human Resources to serve as coordinator of compliance with Title IX. Inquiries or complaints should be directed to the Office of the Provost or the Office of Human Resources.

Visit www.belmont.edu/prospectivestudents/graduate/ in order to confirm individual program requirements. Please forward all materials, including a $50 application fee, to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757, or fax to 615.460.5434.

How did you learn about Belmont University’s Graduate and Professional Programs? (please check all that apply):

- Academic Advisor  
- Advertisement  
- Another College/University  
- Belmont Alumnus  
- Belmont Current Student  
- Belmont Faculty/Staff  
- College Fair  
- Employer  
- Friend  
- GRE  
- Internet  
- Letter or Email from Belmont  
- Professional Association  
- Publications  
- Other

Please provide names and/or details for the source checked above:____________________________________________________________________________________________________________________________________
### Institution Attended 4

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Date attended from (MM/DD/YYYY): ________________ to: ________________ GPA earned at this college (on a 4.00 scale): ____________

Degree earned/expected: ____________________________________________________________________________ *if no degree earned/expected, please leave blank*

### Institution Attended 5

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Date attended from (MM/DD/YYYY): ________________ to: ________________ GPA earned at this college (on a 4.00 scale): ____________

Degree earned/expected: ____________________________________________________________________________ *if no degree earned/expected, please leave blank*

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Date attended from (MM/DD/YYYY): ________________ to: ________________ GPA earned at this college (on a 4.00 scale): ____________

Degree earned/expected: ____________________________________________________________________________ *if no degree earned/expected, please leave blank*

### Institution Attended 7

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Date attended from (MM/DD/YYYY): ________________ to: ________________ GPA earned at this college (on a 4.00 scale): ____________

Degree earned/expected: ____________________________________________________________________________ *if no degree earned/expected, please leave blank*
First Name ________________________________ Middle Name ____________________ Last Name __________________________

Preferred First Name ____________________ Former Last Name (if any) _____________________________

Date of Birth (MM/DD/YYYY) ___________________________ E-mail ________________________________

Program for which you are applying __________________________________________________________

Term for which you are applying  ☑ Summer 20___

List any non-U.S. countries of citizenship ______________________________________________________

Place of birth ____________________________________________________________

City/Town __________________ State/Province __________________ Country __________________

First language ________________________________________________________________

Primary language spoken at home _______________________________________________

If you are a Permanent U.S. Resident list your Alien Registration # __________________________

If you have another citizenship status, list your Visa Type ________________________________

Belmont University
Graduate and Professional Programs Recommendation Form

This section to be completed by the applicant

| First Name | ___________________________ |
| Middle Name | ___________________________ |
| Last Name | ___________________________ |
| Preferred First Name | ___________________________ |
| Former Last Name (if any) | ___________________________ |

Date of Birth (MM/DD/YYYY) ___________________________

E-mail____________________________________________________

Note to Candidate:
Please enter your name above and deliver one copy of this form to two individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Belmont University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed the waiver below, he or she may request to see the recommendation forms after enrolling at Belmont University.

I hereby [ ] waive [ ] do not waive my right of access to this document should I matriculate to Belmont University.

Signature_______________________________________________

Date________________________________________

Term for which you are applying [ ] Summer 20____

Degree for which you are applying ____________________________

Program for which you are applying ____________________________

Program Track/Concentration ____________________________

This section to be completed by the evaluator

You are completing a recommendation for an applicant to a graduate or professional program at Belmont University. Your assessment is very important to the Admissions Committee, and we greatly appreciate the time and effort on your part in giving us your appraisal of this candidate.

Name________________________________________

Current Occupation________________________________________

Current Employer/Organization________________________________________

Address________________________________________________________________________

City________________________________________

State/Province________________________________________

Zip/Postal Code________________________________________

Phone (______)________________________________________

Email________________________________________

How long have you known this applicant? ____________________________

In what capacity do you know this applicant? ____________________________
Is there any aspect of this applicant's background that might interfere with successful completion of their graduate study?

☐ Yes  ☐ No  If yes, please specify: __________________________________________________________________________

*For any of the following questions, attach additional sheet if necessary.

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to complete the program to which he or she is applying: __________________________________________________________________________

In what areas do you think the candidate needs the most improvement?

_______________________________________________________________________________________________________________________________________

How well do you think the applicant has considered plans for graduate study?

_______________________________________________________________________________________________________________________________________

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation?

_______________________________________________________________________________________________________________________________________

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<td>Emotional stability</td>
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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

Music performance ability | ☐                    | ☐                     | ☐                        | ☐                    | ☐                          | ☐                |
| Knowledge of music history and theory | ☐                   | ☐                     | ☐                        | ☐                    | ☐                          | ☐                |
| Aural Skills               | ☐                    | ☐                     | ☐                        | ☐                    | ☐                          | ☐                |

In regards to this student's application to graduate study at Belmont University:

☐ Highly Recommend  ☐ Recommend  ☐ Recommend with Reservation  ☐ Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to:

Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615.460.5434.

Signature ___________________________ Date ___________________________
Belmont University
Graduate and Professional Programs Recommendation Form

This section to be completed by the applicant

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Note to Candidate:
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I hereby [ ] waive [ ] do not waive my right of access to this document should I matriculate to Belmont University.

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<th>Term for which you are applying</th>
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<td>[ ] Summer</td>
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<th>Degree for which you are applying</th>
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This section to be completed by the evaluator

You are completing a recommendation for an applicant to a graduate or professional program at Belmont University. Your assessment is very important to the Admissions Committee, and we greatly appreciate the time and effort on your part in giving us your appraisal of this candidate.

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How long have you known this applicant?

In what capacity do you know this applicant?

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Is there any aspect of this applicant's background that might interfere with successful completion of their graduate study?

☐ Yes ☐ No If yes, please specify: ____________________________

*For any of the following questions, attach additional sheet if necessary.

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant's ability to complete the program to which he or she is applying: ________________________________________________________________

In what areas do you think the candidate needs the most improvement? ________________________________________________________________

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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

Music performance ability        | ☐        | ☐        | ☐        | ☐        | ☐        | ☐        |
Knowledge of music history and theory | ☐        | ☐        | ☐        | ☐        | ☐        | ☐        |
Aural Skills                      | ☐        | ☐        | ☐        | ☐        | ☐        | ☐        |

In regards to this student's application to graduate study at Belmont University:

☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservation ☐ Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615.460.5434.

Signature ____________________________ Date ____________________________
Belmont University
Graduate and Professional Programs Application Fee Form

First Name ___________________________ Middle Name ___________________________ Last Name ___________________________
Preferred First Name __________________ Former Last Name (if any) ___________________________
Date of Birth (MM/DD/YYYY) ___________________________ E-mail ___________________________
Program for which you are applying ___________________________
Term for which you are applying  ❑ Summer  20_____

Instructions: The $50 non-refundable application fee may be paid by check, money order or credit card. Check or money orders should be made payable to Belmont University.

Please indicate your method of payment:
❑ Check (Payable to Belmont University)  ❑ Money Order (Payable to Belmont University)
❑ VISA  ❑ MasterCard  ❑ Discover  ❑ American Express

If you are paying by credit card, complete the credit card authorization below

Card Number: ___________________________ Expiration Date (MM/YYYY): ________ / ________

Amount to be charged: $50

Cardholder’s Name ____________________________________________________________

Cardholder’s Signature ________________________________________________________
Belmont University does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, military service or sexual orientation.