

GRADUATE AND PROFESSIONAL STUDIES



APPLICATION



SINCE 1859

Big Dreams **BOLD FUTURES**

GRADUATE AND PROFESSIONAL STUDIES



ADMINISTRATIVE AND ENROLLMENT OFFICES

Southern Virginia Campus

133 Robertson Avenue
Danville, VA 24541
(800) 448-5233
Fax: (434) 791-5872

Central Virginia Campus

4880 Cox Road, Ste. 101
Glen Allen, VA 23060
(800) 849-0115
Fax: (804) 270-6335

Tidewater Virginia Campus

747 Volvo Parkway, Ste. 101
Chesapeake, VA 23320
(888) 757-1100
Fax: (757) 549-1848



Averett
UNIVERSITY

SINCE 1859

Big Dreams **BOLD FUTURES**

Application For Admission

PROGRAM FOR WHICH YOU ARE APPLYING

All candidates are required to submit a current résumé. If any of the work experience is part time, please indicate on the résumé.

Bachelor of Business Administration

I verify that I have two years of full-time work experience. _____
Signature of Applicant

Bachelor of Science in Aerospace Management

I verify that I have two years of full-time work experience. _____
Signature of Applicant

Master of Business Administration

I verify that I have three years of full-time work experience. _____
Signature of Applicant

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Maiden (Surname) _____ Date of Birth _____

Address _____ Social Security Number _____

City _____ State _____ ZIP _____ E-Mail Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Are you a U.S. citizen? Yes No *If you are not a U.S. citizen, send our office a copy of your VISA or permanent residence documentation.*
If no, country of citizenship? _____ Visa Type/Number _____

Is English your primary language? Yes No TOEFL Score _____

Desired Program Start Date (Month) _____

Preferred Location: Charlottesville Chesapeake Danville Lynchburg Martinsville Newport News
 Petersburg Quantico Richmond – West End Richmond – Southside Roanoke South Boston
 Other _____

ACADEMIC INFORMATION

High School _____ City/State _____ Grad. Date _____

GED _____ Location _____ Year _____

Please list **ALL** colleges attended, including Averett University if applicable. Please do not abbreviate. Use another sheet of paper, if needed.

College #1 _____ City _____ State _____

Dates Attended (from/to) _____ Degree or Credits Earned _____

College #2 _____ City _____ State _____

Dates Attended (from/to) _____ Degree or Credits Earned _____

Application For Admission

College #3 _____ City _____ State _____

Dates Attended (from/to) _____ Degree or Credits Earned _____

College #4 _____ City _____ State _____

Dates Attended (from/to) _____ Degree or Credits Earned _____

ADDITIONAL INFORMATION

Current Military Status Active Veteran/Retired Reserves National Guard Active Family Member None
 What branch? Army Navy Air Force Marines

Have you ever been convicted of a felony?* Yes No *If yes, please explain on a separate sheet of paper.*

*This question must be answered in order for your application for admission to be processed.

Demographic Data *In order to comply with federal regulations, educational institutions are required to collect information on students' ethnicity and race for reporting purposes. This data is reported as total aggregate numbers and personal information is not shared. To enable us to comply with these requests, we ask that you complete this optional section. Please specify whether you are of Hispanic or Latino descent and then select one or more of the races with which you identify yourself.*

Birthplace _____ Date of Birth _____ Age _____

Gender Male Female Marital Status Single Married Divorced Widowed

Are you of Hispanic/Latino ethnicity or descent? Yes No

Select one or more of the following races that you consider yourself to be.

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Religious Affiliation _____

SIGNATURE AND APPLICATION FEE

- I agree to have computer access with word processing, graphical presentation software, spreadsheet capabilities and Internet connectivity for academic use. Yes No
- Averett University reserves the right to change academic content, sequence and the tuition fee schedule at any time.
- I attest that all the information provided is true and complete to the best of my knowledge. I understand that false information will jeopardize my admission to, and continuation in, these Averett programs.

Signature of Applicant _____ Date _____

Averett University admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The university does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its policies, scholarships and loan programs, and athletic and other school administrated programs. The university is also committed to nondiscrimination on the basis of handicap or religion.

Return this application with the \$50 application fee (check or money order) made payable to Averett University. The application fee is nonrefundable and is paid by all applicants.



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Master of Education Curriculum and Instruction Application For Admission

APPLICANT CRITERIA

Please review our criteria on teaching and work experience. For those applicants who possess a professional collegiate license issued by a state department of education, no teaching experience is required. For individuals without full licensure, applicants must demonstrate at least one year of experience as a primary or secondary school classroom teacher or three years of experience in a related field. All candidates are required to submit a current résumé. If any of the work experience is part time, please indicate on the résumé. Meeting one of the following criteria is a requirement for admission into the MEd program. Please check the appropriate box:

- Teacher currently holding a collegiate professional license from a state department of education
- Provisionally licensed by a state department of education
- Private school educators not currently licensed by a state department of education
- Teaching assistant, substitute teacher, or other professional employed in a primary or secondary school setting
- Employed on a full-time basis as either a corporate trainer or corporate training manager
- The MEd program does not lead to licensure. If you are not currently licensed please acknowledge that you understand our program will not lead to licensure by your signature: _____
- Provide passing scores on one of the following standardized tests:

Acceptable Tests for Submission	Minimum Score Requirement
Praxis I	Combined score of 532; writing section score of 176
Praxis I CBT	Score of 973
Praxis II	Scores must be submitted for review
Graduate Record Examination (GRE)	Combined score of 850
Miller Analogies Test (MAT)	Score of 400
State department of education test	Receive a P (Proficient) on all parts of the exam taken. Must also provide a copy of the professional teaching license that was granted.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Maiden (Surname) _____ Date of Birth _____

Address _____ Social Security Number _____

City _____ State _____ ZIP _____ E-Mail Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Are you a U.S. citizen? Yes No *If you are not a U.S. citizen, send our office a copy of your VISA or permanent residence documentation.*

If no, country of citizenship? _____ Visa Type/Number _____

Is English your primary language? Yes No TOEFL Score _____

Desired Program Start Date (Month) _____

- Preferred Location:** Charlottesville Chesapeake Danville Lynchburg Martinsville Newport News
 Petersburg Quantico Richmond – West End Richmond – Southside Roanoke South Boston
 Other _____

Master of Education Curriculum and Instruction

Application For Admission

ACADEMIC INFORMATION

Please list **ALL** colleges attended, including Averett University if applicable. Please do not abbreviate. Use another sheet of paper, if needed.

College #1	City	State
Dates Attended (from/to)	Degree or Credits Earned	
College #2	City	State
Dates Attended (from/to)	Degree or Credits Earned	

ADDITIONAL INFORMATION

Current Military Status Active Veteran/Retired Reserves National Guard Active Family Member None
 What branch? Army Navy Air Force Marines

Have you ever been convicted of a felony?* Yes No *If yes, please explain on a separate sheet of paper.*

**This question must be answered in order for your application for admission to be processed.*

Demographic Data *In order to comply with federal regulations, educational institutions are required to collect information on students' ethnicity and race for reporting purposes. This data is reported as total aggregate numbers and personal information is not shared. To enable us to comply with these requests, we ask that you complete this optional section. Please specify whether you are of Hispanic or Latino descent and then select one or more of the races with which you identify yourself.*

Birthplace	Date of Birth	Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Are you of Hispanic/Latino ethnicity or descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Select one or more of the following races that you consider yourself to be.		
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		
Religious Affiliation		

SIGNATURE AND APPLICATION FEE

- I agree to have computer access with word processing, graphical presentation software, spreadsheet capabilities and Internet connectivity for academic use. Yes No
- Averett University reserves the right to change academic content, sequence and the tuition fee schedule at any time.
- I attest that all the information provided is true and complete to the best of my knowledge. I understand that false information will jeopardize my admission to, and continuation in, these Averett programs.

Signature of Applicant

Date

Averett University admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The university does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its policies, scholarships and loan programs, and athletic and other school administrated programs. The university is also committed to nondiscrimination on the basis of handicap or religion.

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SINCE 1859

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Letter of Recommendation

INFORMATION

To be completed by applicant.

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ ZIP _____

I waive my right to review the comments made by the person giving recommendation.

I do not waive my right to review the comments.

Signature of Applicant _____ Date _____

RECOMMENDATION

To be completed by professional reference.

Name of Individual Giving Recommendation _____

Position or Title of Individual _____ Professional Relation to Applicant _____

Primary Phone _____ Fax _____

Signature _____ Date _____

- How well do you know the applicant? Somewhat Well Very Well
- In your opinion, is the applicant qualified for admission into this program? Yes No

Please explain: _____

- This program requires initiative and the ability to work alone and in a group. Please rank the applicant according to the following criteria by checking the applicable box.

	Unknown	Low	Medium	High
Initiative in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work within a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____



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Big Dreams BOLD FUTURES

Letter of Recommendation

INFORMATION

To be completed by applicant.

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ ZIP _____

I waive my right to review the comments made by the person giving recommendation.

I do not waive my right to review the comments.

Signature of Applicant _____ Date _____

RECOMMENDATION

To be completed by professional reference.

Name of Individual Giving Recommendation _____

Position or Title of Individual _____ Professional Relation to Applicant _____

Primary Phone _____ Fax _____

Signature _____ Date _____

- How well do you know the applicant? Somewhat Well Very Well
- In your opinion, is the applicant qualified for admission into this program? Yes No

Please explain: _____

- This program requires initiative and the ability to work alone and in a group. Please rank the applicant according to the following criteria by checking the applicable box.

	Unknown	Low	Medium	High
Initiative in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work within a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____



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Letter of Recommendation

INFORMATION

To be completed by applicant.

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Name of Individual Giving Recommendation _____

Position or Title of Individual _____ Professional Relation to Applicant _____

Primary Phone _____ Fax _____

Signature _____ Date _____

- How well do you know the applicant? Somewhat Well Very Well
- In your opinion, is the applicant qualified for admission into this program? Yes No

Please explain: _____

	Unknown	Low	Medium	High
• This program requires initiative and the ability to work alone and in a group. Please rank the applicant according to the following criteria by checking the applicable box.				
Initiative in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work within a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Request For Official Transcript

Please print or type.



Attention Registrar: Please include a grading scale with all transcripts.
Send to Averett University (check appropriate box).

- | | | |
|---|---|---|
| <input type="checkbox"/> Southern Virginia Campus
133 Robertson Avenue
Danville, VA 24541
(800) 448-5233
Fax: (434) 791-5872 | <input type="checkbox"/> Central Virginia Campus
4880 Cox Road, Ste. 101
Glen Allen, VA 23060
(800) 849-0115
Fax: (804) 270-6335 | <input type="checkbox"/> Tidewater Virginia Campus
747 Volvo Parkway, Ste. 101
Chesapeake, VA 23320
(888) 757-1100
Fax: (757) 549-1848 |
|---|---|---|

Name of Student	Maiden (Surname)	SSN	Date of Birth
Name of College/University	Dates Attended	Signature of Student	Date

Request For Official Transcript

Please print or type.



Attention Registrar: Please include a grading scale with all transcripts.
Send to Averett University (check appropriate box).

- | | | |
|---|---|---|
| <input type="checkbox"/> Southern Virginia Campus
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(888) 757-1100
Fax: (757) 549-1848 |
|---|---|---|

Name of Student	Maiden (Surname)	SSN	Date of Birth
Name of College/University	Dates Attended	Signature of Student	Date

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747 Volvo Parkway, Ste. 101
Chesapeake, VA 23320
(888) 757-1100
Fax: (757) 549-1848 |
|---|---|---|

Name of Student	Maiden (Surname)	SSN	Date of Birth
Name of College/University	Dates Attended	Signature of Student	Date



Military Scholarship Application

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Maiden (Surname)	Date	
Address	SSN	
City	State	ZIP
Home Phone	Work	Fax
Military Installation Organization		

ELIGIBILITY CRITERIA

Check all that apply.

STATUS

- Active
- Reserve
- National Guard
- Civilian Employee
- Dependent _____
 - Spouse
 - Son/Daughter
- Honorably Discharged/Retired Veteran

SERVICE

- U.S. Army
- U.S. Navy
- U.S. Marine Corps
- U.S. Air Force
- U.S. Coast Guard
- U.S. Department of Defense
- Department of Transportation (USCG Only)
- Department of Military Affairs (VA/DC)

PROGRAM

Graduate and Professional Studies Program (Current or Projected) BBA BSAM MEd MBA

Cluster	Start Date
Campus Location	

- I understand that separation from active participation in a military or civilian status will terminate my eligibility for this scholarship. I have attached valid copies of the required supporting documents for verification of eligibility. (See reverse for a list of required supporting documents.)

Signature	Date
-----------	------

Averett University Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Remarks _____
Signature	Date	
Ideal	Traditional	

Military Scholarship Application

REQUIRED DOCUMENTS

A copy of the documents must be attached to the application.

Military Personnel

DD Form 214 or submission of AU active duty authorization form

Federal Civilian Personnel (Military)

Service Identification Card **OR** Current Personnel Action, Form SF 50, Personnel Action

Military Veteran

DD Form 214, Certificate of Release or Discharge from Active Duty that displays character of service

State Civilian Personnel (National Guard)

Signed statement from National Guard Education Services Officer

Family Members

Copy of DD Form 214 or submission of AU active duty authorization form **AND** signed statement from sponsor indicating individual is claimed as dependent family member on most recent federal income tax returns



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