Doctor of Education
Admission Application
Application Instructions

1. Complete the admission application packet and submit with a $50 nonrefundable application fee made payable to Nova Southeastern University (NSU). The admissions packet should be addressed to Nova Southeastern University
   Enrollment Processing Services
   Attn: Fischler School of Education and Human Services
   3301 College Avenue
   P.O. Box 299000
   Fort Lauderdale-Davie, Florida 33329-9905

2. Include with your application or send separately the following documents:
   a. official transcripts from all previously attended postsecondary institutions
      - An official copy of the master's degree transcript should be submitted immediately to begin the admission process.
      - If you have earned a degree at a school that is not accredited by one of the regional or international accrediting associations/universities, please refer to the Alternative Admissions Requirements.
   b. two professional letters of recommendation by two individuals who can attest to your ability to succeed in a doctoral program
   c. test score report showing that you received a raw score of 37 (scaled score 391–396) on the Miller Analogies Test (MAT) or a combined score of 1000 on the verbal and quantitative sections of the Graduate Record Examination (GRE) if the score falls below the minimum requirement, you must submit a rationale, in essay format, providing an explanation of why scores do not reflect your academic potential. The test must have been taken within the past five years.

3. submit appropriate Transfer of Credit form, if applicable

For non-native English speakers
Applicants whose native language is not English are required to demonstrate English proficiency by providing proof of a minimum score of 213 on the computer-based or 550 on the paper-based Test of English as a Foreign Language (TOEFL) or 6.0 on the International English Language Testing System (IELTS).

For international applicants
Applicants taking classes in certain FSEHS international clusters may be exempt from submitting MAT, GRE, and TOEFL scores. Please contact the FSEHS Office of Enrollment Services at (954) 262-1546 regarding requirements for your international cluster.

Thank you for applying to Nova Southeastern University's Fischler School of Education and Human Services. If you have any questions, please call 800-986-3223, ext. 1546.
Alternative Admission Requirements

If you have earned a degree at a school that is not accredited by one of the regional or international accrediting associations/universities, you will need to submit the following information and documentation to petition to receive admission into a Fischler School of Education and Human Services program at Nova Southeastern University.

Alternative One

1. Submit an admission application and include a $50 nonrefundable application fee payable to Nova Southeastern University.
2. Send an official course-by-course evaluation, with cumulative grade point average, by one of the following institutions.
   - Josef Silny & Associates, Inc.—available online at: http://www.jsilny.com/
   - World Education Services—available online at: http://www.wes.org/
3. If the evaluation is not favorable, (i.e., does not indicate equivalency to a bachelor of science or a master of science degree), you must complete the career portfolio.

All applicants who have not earned a master’s degree from an accredited college or university must produce a career portfolio prior to admission to the program. This portfolio must demonstrate academic and pedagogical growth appropriate for entry into the doctoral program. Those applicants whose main job responsibilities are administrative in nature will modify their evidence to reflect the clientele they serve. For a guide to the type and amount of evidence required, please contact the Office of Enrollment Services at 800-262-1546.

Upon completion of your portfolio, please submit it to

Nova Southeastern University
Fischler School of Education and Human Services
Office of Enrollment Services, Admissions Department
1750 NE 167th Street
North Miami Beach, FL 33162-3017

Alternative Two

1. Submit an admission application and include a $50 nonrefundable application fee payable to Nova Southeastern University.
2. Send an official evaluation of one of the following documents directly to NSU.
   - The National Board of License for Teachers and Principals (NBL)
   - Continuing Teachers License from Merkos Linyonei Chinuch International Board of License (MERKOS)
3. Submit a $350 portfolio evaluation fee.
4. Complete a Writing Assessment.
5. Submit the Career Portfolio (See below for a description of the portfolio)

The Career Portfolio is a compilation of evidence that documents the attainment of a level of knowledge, experience, and expertise. The Career Portfolio contains evidence that is appropriate for entry into the doctoral program in education. The portfolio is your property. It is your responsibility to ensure that the evidence is in accordance with the procedures stated in the guide.

Alternative Three

1. Submit an admission application and include a $50 nonrefundable application fee payable to Nova Southeastern University.
2. Have an official transcript sent from one of the following institutions directly to NSU.
   - Binah Institute
   - McMaster University
   - The University of Alberta
   - The University of Guelph
   - The University of Toronto
   - The University of Victoria
   - The University of Windsor
   - York University
To complete admission process, please submit a nonrefundable $50 application fee and include your Social Security number on the check or call 800-541-6682, ext. 5200, with your credit card information. Also, please note, you will be charged a $50 nonrefundable application fee for each application submitted to our institution.

Please retain a copy of the application for your records.

Legal Name:  Last        First        Middle

Maiden

Social Security Number

Do you have educational materials under another name, Social Security number, or ID?  □ Yes  □ No  If yes, then please indicate __________________

Preferred Mailing Address:

Number and Street               City

County State Country ZIP Code

Telephone Cellular/Pager

Permanent/Legal Address:

Number and Street               City

County State Country ZIP Code

Telephone Cellular/Pager

Business Address:

Name of Company

Number and Street               City

County State Country ZIP Code

Telephone Cellular/Pager

Application Status at Time of Application:

Is this your first time applying to NSU?  □ Yes  □ No

If no, what programs have you applied to? __________________

Will this be your first time attending NSU?  □ Yes  □ No

If no, what program(s) are/have you been enrolled in? __________________
The university is required to collect the following information to comply with federal reporting requirements of the U.S. Department of Education. The collected information will not be used in any discriminatory manner.

### General Information:

<table>
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<tr>
<th>Date of Birth (mm/dd/yy)</th>
<th>City</th>
<th>State</th>
<th>Country of Birth</th>
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#### Sex:

- [ ] Male
- [ ] Female

### Ethnic Origin Data:

(The provision of this information is voluntary and we request it for reporting purposes only. This information will not be used in any discriminatory manner.)

- [ ] Native American or Alaskan Native
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Asian Indian
- [ ] Thai
- [ ] Other Asian not listed
- [ ] Black or African American
- [ ] White (non-Hispanic)
- [ ] Hispanic or Latino
- [ ] Mexican
- [ ] Puerto Rican
- [ ] Other Hispanic or Latino
- [ ] Native Hawaiian/Pacific Islander
- [ ] I decline to respond
- [ ] Unknown or not reported
- [ ] Other _____________________

### Veterans’ Information:

Have you ever served in the United States Armed Forces?  
- [ ] Yes   
- [ ] No

If yes, complete the following:

- Branch of service: __________________________
- Rank: _____________________________________
- Entry date: ______________
- Date and type of discharge: ______________________________________________
- Reserve status: ____________________________________
- Are you eligible for veterans benefits?  
  - [ ] Yes   
  - [ ] No

If so, under what law? ____________________________________________________________

### Citizenship Status:

Failure to complete this information may delay the processing of your financial aid and delay your matriculation should you require certain documentation in order to attend classes in the United States.

- [ ] United States citizen
- [ ] Temporary resident
- [ ] Permanent resident
- [ ] Nonresident alien

If you are a nonresident alien, please complete the following.

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<tr>
<th>Country of Birth</th>
<th>Country of Citizenship</th>
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- Is English your native language?  
  - [ ] Yes   
  - [ ] No

If not, documentation of English literacy is required.

- Do you currently have a U.S. visa?  
  - [ ] Yes   
  - [ ] No

If yes, what type? ________________________________________________________________

- What is the expiration date?  ____/____/____  (mm/dd/yy)

- Do you require an I-20?  
  - [ ] Yes   
  - [ ] No

If you have any questions, please visit our Web site: www.nova.edu/cwis/registrar/isss/.

SS# ____________________________________________ Name ____________________________________________
Applicant Email Address:

__________________________________________________________________________________________________________________________ ... __________________________________________________________________________________________________________________________

Emergency Contact Information:

Name: Last First Relationship to You

Number and Street

City

County State Country ZIP Code

Day Telephone Evening Telephone

Previous Education:
All official transcripts/documents are required from the applicant for ALL previously attended institutions for FULL admittance.*

High school/General Education Diploma (GED) documentation is required only for undergraduate applications.

SECTION A

Name of High School Graduation Month and Year

Number and Street

City

County State Country ZIP Code

General Education Diploma (GED) awarded: ______________________________

Month and Year State

SECTION B
List ALL academic institutions (in chronological order beginning with most recent) you have, are, or will attend prior to NSU matriculation. *Official transcripts/documents from all institutions attended are required for FULL admittance.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City</th>
<th>State or Country</th>
<th>Major</th>
<th>Degree</th>
<th>Approx. # of Credits Earned</th>
<th>Start and End Date (or expected end)</th>
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Have you ever been required to leave any college or denied readmission because of conduct or academic deficiencies? ☐ Yes ☐ No
If yes, please explain.

SS# ____________________________________________ Name ____________________________________________
**Academic Goal**

**Expected starting term:**  □ Fall  □ Winter  □ Summer  

**Year:** _____________________  

**Preferred delivery option** (check one):  □ Online  or  □ Blended (Indicate Preferred Instructional Site)

_______________________________________

**Students must choose one concentration.**

□ Educational Leadership  
□ Health Care Education  
□ Higher Education  
□ Human Services Administration  
□ Instructional Leadership  
□ Instructional Technology and Distance Education  
□ Organizational Leadership  
□ Special Education  
□ Speech-Language Pathology

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**For office use only**

<table>
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<tr>
<th>College – FE</th>
<th>Degree Program - EDD_ED</th>
<th>Level - FA</th>
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<tr>
<td>Rate_________</td>
<td>Major Code – F871</td>
<td>Concentration_________</td>
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<td>Minor_________</td>
<td>Department – FEDD</td>
<td>Admit Type - FD</td>
</tr>
<tr>
<td>Student Type – M</td>
<td>Term Code_________</td>
<td>Campus_________</td>
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<td>Cohort:F_______________</td>
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Declarations

Employment Statement of Understanding
Applicants must work or have access to professional field(s) appropriate to their academic programs. For example, an applicant to the higher education concentration must be in a position to do scholarly work in a postsecondary institution.

Initial here: __________

Certification Waiver
I understand that the doctor of education degree does not lead to specific professional certification or state licensure. I further understand that this applies to all concentrations in the Doctor of Education Program, which includes Health Care Education; Higher Education; Educational Leadership; Organizational Leadership; Human Services Administration; Instructional Leadership; Instructional Technology and Distance Education; Special Education; and Speech-Language Pathology. However, I do want to be considered for admission.

Initial here: __________

I declare that the above information, to the best of my knowledge, is complete and accurate. I agree to abide by all rules and regulations of Nova Southeastern University.

Initial here: __________

Please note the following statements.

1. I declare that the above information, to the best of my knowledge, is complete and accurate. I have read and I understand the requirements, policies, and procedures stated in the catalog, and I agree to abide by all the rules and regulations of this graduate program and Nova Southeastern University.

2. I give Nova Southeastern University permission to publish and use any photos in which I appear that may be taken during class or other university activities.

3. I understand that all required official and final documents must be received within 90 days from the start of the term for which I am enrolling. If my documents are not received by the end of this 90-day period, I understand the following will apply until my student status is changed to “fully admitted.”

   a. Further attendance will be disallowed.
   b. Financial aid will not be disbursed.

___________________________________________ _____/_____/_____
Applicant’s Signature Date
Disclosure Statement:
Have you ever been convicted in any state or country of a criminal offense, other than a minor traffic offense, where you have been found guilty by a judge or jury or entered a plea of nolo contendere (no contest); or any juvenile offenses; any offenses where the records have been expunged; or any conviction that the applicant is currently appealing, regardless of adjudication?

☐ Yes  ☐ No

If the answer is yes, please explain. ________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

The disclosure is a continuing duty. All applicants must report to Nova Southeastern University (NSU) any such arrest or conviction after the filing of the application for admissions or during the time that the student is enrolled at the college. The admissions committee and NSU will consider new information submitted, and in appropriate circumstances, may change the status of an applicant or student.

Permission is hereby given to NSU to make any necessary inquiries and I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information.

Signature of Applicant ___________________________________     Date ________________________________
Recommendation for Admission
Doctor of Education

TO THE APPLICANT: This form should be completed by a professional colleague who can provide information regarding your job performance. You must submit this recommendation form as part of the admission process.

Please complete this portion of the recommendation form before giving it to your source of reference. Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974, ☐ I DO ☐ I DO NOT waive the right to inspect and review this completed recommendation.

Applicant's name (please print) ______________________________ Signature ______________________________

Street address __________________________ Apartment ______ City ______ State ______ ZIP ______

Social Security number __________________________ Program ______ Cluster ______ Date ______

Employer (or institution/organization) __________________________________________________________

TO THE EVALUATOR: Please do not complete this form if the waiver above has not been completed and signed by the applicant.

1. The applicant's most significant strength is _________________________________________________________

2. I have known the applicant for ______ years. The applicant has been a member of my staff for ______ years. I have known this person: ☐ Well ☐ Slightly

3. In my opinion, the applicant's potential for success in a doctoral program of studies is
   ☐ Good ☐ Average ☐ Poor

4. In my opinion, the applicant has the ability to effectively complete an institutional or organizational research project.
   ☐ Yes ☐ No

SS# __________________________ Name __________________________
5. I have observed the applicant’s work on institutional or organizational projects and find the project(s)  
   ☐ Good    ☐ Average    ☐ Poor

6. The applicant works effectively with administrators or supervisors at his/her institution or organization.  
   ☐ Yes      ☐ No

7. The applicant has been involved in innovative projects at his/her institution or organization.  
   ☐ Yes      ☐ No

8. I have observed the applicant’s interpersonal skills to be  
   ☐ Good    ☐ Average    ☐ Poor

9. Additional comments: ________________________________________________________________________  
   ________________________________________________________________________________________  
   ________________________________________________________________________________________

I have read the information above and understand that the applicant will be required to complete the practicum  
research projects as a requirement in the doctoral program.

______________________________________________ ______________________________________________  
Date Evaluator’s Signature

______________________________________________ ______________________________________________  
Institution or Organization Name (please print)

______________________________________________ ______________________________________________  
Title

______________________________________________ ______________________________________________  
Department

Please return to: Nova Southeastern University  
Enrollment Processing Services (EPS)  
Attn: Fischler School of Education and Human Services  
3301 College Avenue  
P.O. Box 299000  
Fort Lauderdale-Davie, Florida 33329-9905

SS# ____________________________________________ Name ____________________________________________
Request for Official Transcript

Student: Complete both sections of this form. Mail to your former schools.

Please send an official transcript of my academic work while attending your institution to Nova Southeastern University. Return the form below to Nova Southeastern University.

A. I attended your school from ________________________________ to __________________________________

B. While in attendance, my name on your records was __________________________________________________

C. My student identification number was ______________________________________________________________

D. I am enclosing the fees (if any) required by your institution.

Thank you for your assistance.

Sincerely,

________________________________________________
Signature

Dear Alma Mater: Please return this form with the transcript. Thank you.

Transcript Transmittal Form

Social Security number ______ / ______ / ______ Date: __________________________

Name ______________________________________________________________________

Last                                                               First       Middle/Maiden

Address ______________________________________________________________________

Street ______________________________________________________________________

City                          State                          ZIP

Please send to: Nova Southeastern University
Enrollment Processing Services (EPS)
Attn: Fischler School of Education and Human Services
3301 College Avenue
P.O. Box 299000
Fort Lauderdale-Davie, Florida 33329-9905

SS# ____________________________________________ Name ____________________________________________
Transfer of Credit Request

☐ Instructional Site ____________________________ or  ☐ Online

Date _________________________________________

Name ________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Last                                                   First                                                 Middle/Maiden

Address ______________________________________________________________________________________
__________________________________________________________________________________________
Street

__________________________________________________________________________________________
City                                                    State                                                ZIP

Social Security number ________________________________________________

Email address _______________________________________________________

NOTE: Students must file for this transfer review at the time of application.

Name of courses and number of credit hours requesting to be transferred. (Official transcripts and catalog description of
courses must be attached to request.) Identify the course title in the program that you wish the transfer credit to replace.

<table>
<thead>
<tr>
<th>Title of Transfer Course(s)</th>
<th>Number of Credit Hours</th>
<th>Title of Replacement Course(s)</th>
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SS# ____________________________________________ Name ____________________________________________