



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

WHITLOWE R. GREEN COLLEGE OF EDUCATION
DEPARTMENT OF EDUCATIONAL LEADERSHIP AND COUNSELING
PO BOX 519; MS 2420 Telephone: 936-261-3530 Fax: 936-261-3617

APPLICATION FOR ADMISSION

DOCTORAL PROGRAM – EDUCATIONAL LEADERSHIP

NAME: _____

DATE: _____

PLEASE CHECK ALL THAT APPLY:

Please consider my application for the following program:

- Ph.D. Program Educational Leadership
- Program Concentration (Please Check One)
Higher Education Leadership _____ P-12 Leadership _____

My anticipated term of entry is:

- Fall 20__
- Spring 20__
- Summer 20__

The following required documents have been submitted to Graduate Admissions, with a copy attached for departmental evaluation:

- Official Transcript (unless transcript is from PVAMU)
- Apply Texas
- GRE Scores
- Three Recommendation Letters and Forms (one MUST be from immediate or past supervisor)
- For International applicants ONLY:** TOEFL or IELTS Examination results
 - o **TOEFL OR IELTS - Date Taken:** _____

The following departmental required documents are included as part of this application:

- Copy of Valid Teaching/Administrative Certificate
- Essay – Maximum 750 Words
 - o **ESSAY:** Describe your educational leadership philosophy. What are your professional career objectives and how will a doctorate help you achieve that professional career objective? (Please attach the essay [750-word maximum] with your application)
- Admission Packet/documents submitted to Graduate Admissions as listed above.
- Verification of teaching/administrative service

PLEASE TYPE OR PRINT – PERSONAL AND PROFESSIONAL

Name Ms. /Mr. _____

LAST

FIRST

MIDDLE/MAIDEN

TEA ID Number: _____

Student ID (If Former PV Student): _____

Mailing Address:

 STREET APT # CITY STATE ZIP

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Contact Method: Home: _____ Cell: _____ Work: _____

Email Address: Personal _____ Work _____

Preferred Contact Method: Personal _____ Work _____

Permanent Address (If different than above):

 STREET APT # CITY STATE ZIP

Permanent Phone (If different than above): _____

Current Employer: _____ Position: _____

Address: _____

STREET

CITY

STATE

ZIP

Number of Years Employed in Current Position: _____ Business Phone: _____

PREVIOUS EDUCATION – List ALL colleges attended starting with the most recent. Official transcripts are required from all institutions attended.

Name of Institution	Location	Degree	Major	Date
				Click or tap to enter a date.
				Click or tap to enter a date.
				Click or tap to enter a date.

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND THE ACCOMPANYING DOCUMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Electronic Signatures Accepted

FOR ADMISSIONS/PROGRAM COORDINATOR'S USE ONLY – DO NOT WRITE BELOW THIS LINE

Admitted Date: _____ Signature: _____

- Semester (D/Y) Spring _____ Summer _____ Fall _____
- Not Admitted
- Program: _____ PhD
- Concentration: Higher Education Leadership _____ P-12 Leadership _____

Revised June 2019

This form and required documents can be mailed to: **Educational Leadership and Counseling Department; Prairie View A&M University; P. O. Box 519; Mail Stop 2420; Prairie View, TX 77446;** Phone (936) 261-3530. You can also scan and e-mail to: elead@pvamu.edu.