



Personal Information

LAST NAME (FAMILY NAME)		PREVIOUS LAST NAME (IF APPLICABLE)	
FIRST NAME (GIVEN NAME)		MIDDLE NAME(S)	
PREFERRED NAME		GENDER	DATE OF BIRTH YYYY / MM / DD
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> Other:			
CITIZENSHIP STATUS		COUNTRY OF CITIZENSHIP (IF NOT CANADIAN)	COUNTRY OF RESIDENCE (IF NOT CANADA)
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:			
FIRST LANGUAGE		SOCIAL INSURANCE NUMBER	

Contact Information

STREET ADDRESS			
CITY	PROVINCE/STATE	POSTAL CODE	COUNTRY
TELEPHONE	MOBILE		
<input type="checkbox"/> I would like to receive email updates from Crandall University			
EMAIL ADDRESS			

Program Applying For

<input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring (April)	20_____
TERM FOR WHICH YOU ARE APPLYING	STARTING YEAR
<input type="checkbox"/> Master of Education in Inclusionary Practices <input type="checkbox"/> Master of Education in Literacy	<input type="checkbox"/> Non-Degree Graduate Education, 12 credit hours toward Principal's Certificate <input type="checkbox"/> Non-Degree Graduate Education, maximum of 9 credit hours

Previous Academic Information

<input type="checkbox"/> Yes <input type="checkbox"/> No		
HAVE YOU PREVIOUSLY ATTENDED CRANDALL UNIVERSITY?	STUDENT NUMBER	DATES ATTENDED

Please list all other post secondary institutions you have attended:

INSTITUTION	PROVINCE (COUNTRY, IF OUTSIDE CANADA)	FROM	TO	DEGREE/CERT. OBTAINED
UNIVERSITIES, COLLEGES, OR CEGEPS		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	

I give Crandall University permission to discuss my application with the Registrars of the institutions above.

For Additional Information:

Crandall University
Graduate Education Admissions Office
Box 6004, Moncton, NB E1C 9L7

Toll Free: 1-888-968-6228
Office: (506) 858-8970 Ext. 433
Fax: (506) 863-6460

crandallu.ca/MEd
education.admissions@crandallu.ca

Required Information

Documentation

All application material and supporting documents must be received by the Graduate Education Admissions Office before your application is considered. Applications must be received a minimum of two weeks prior to the scheduled start date of the first course to be taken. Due to limited enrollment, acceptance is offered on a first-come, first-served basis. In addition to the completed application form, all applicants must submit official transcripts from all post-secondary institutions attended (Crandall University students do not need to submit Crandall University transcripts). In addition, applicants to the Master of Education degree must provide the documentation listed below:

- A resume and a cover letter, in which you present your professional goals and how the M.Ed. degree will help you achieve those goals;
- Two professional reference letters from individuals who can provide input on your strengths as an educator and why they support your decision to complete the M.Ed. degree. One of these references must reflect on your academic ability if you have completed a degree in the past ten years;
- A confirmation of employment letter if you are currently employed in a school district OR a criminal record check if you are not currently employed in a school district;
- Students who require learning accommodations are encouraged to contact the Registrar's Office immediately after acceptance to ensure that appropriate accommodations can be made. Professional documentation that is current and that establishes the nature of the learning accommodations required must be provided.

Admission Requirements

A 60 credit hour Bachelor of Education degree (or the equivalent) with a minimum grade point average of 3.0 (B) is required for all Graduate Education applicants. In addition to this requirement, a minimum of one year of full time teaching experience (or its equivalent) is required for students applying to the Master of Education degree.

Agreement

- I give permission to Crandall University and/or the media to take my photograph while a student. These photographs may be used in various communications on behalf of Crandall.
- I do not give permission to Crandall University and/or the media to take my photograph while a student.
- I give permission to Crandall University to contact me through Social Media (ie. Facebook, Twitter, Instagram etc.)

Students at Crandall University are part of a Christian academic community that is designed to be conducive to academic and personal growth. All students are expected to be respectful of others and are encouraged to make responsible decisions that honour God, serve others, and enhance community.

I certify that all of the above information in this application is complete and accurate, and I authorize Crandall University's Registrar's Office staff to verify any information provided as part of this application. I agree, if admitted, to respect the Christian ideals and standards of Crandall University.

SIGNATURE OF APPLICANT

DATE

Payment

A non-refundable application fee of \$100 must be submitted with this application. Please indicate your method of payment.

- Cheque / Money Order (Made payable to Crandall University)
- Cash / Debit / Credit Card (only when paying in person)

Please return this form with payment to:

Crandall University
Graduate Education Admissions Office
Box 6004, Moncton, NB E1C 9L7
