



Supplemental Application for Graduate Admission

Name	_____	_____	_____
	Last	First	Middle
Phone Number	_____ (Cellular)	Email Address	_____
	_____ (Work)	_____ (Home)	
Master's Degree	_____		
	College or University	Field	Year of Graduation
Other campus (es) to which you are applying for Ed.D. Program (list all):	_____		

Primary Area of Interest: This is the primary area of study in which you wish to concentrate and should represent your professional experience.

- Pre-Kindergarten-Grade 12 Educational Leadership
- Community College

Part I. Please provide a 1-3 page **statement of purpose** that describes your reasons for pursuing doctoral study and that reflects your understanding of the challenges facing the public schools or community colleges/postsecondary institutions in California.

Part II. Please provide a total response no longer than three pages (12 point font, single-spaced) to the following.

- A. What preparation and experiences make you well qualified to benefit from an Ed.D. Program?
- B. What two or three accomplishments demonstrate your educational leadership potential and skills? You may consider successful achievements in school, in postsecondary institutions, in your community, and/or more generally in policy leadership.
- C. Please provide evidence that demonstrates your ability to succeed in a rigorous program of doctoral studies in education. Please include evidence concerning (a) your problem-solving ability, (b) your interest in critically assessing and improving educational policies



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and practices, (c) your proficiency with technology, and (d) your ability to devote significant time and attention to doctoral program study.

Part III. Please submit:

- A. Your professional resume, not to exceed 4 pages.
- B. A writing sample, at least 10 pages but not exceeding 20 pages, such as a portion of a thesis or project, a professional report, or journal article in which you were the sole author.
- C. A statement of support for your doctoral studies from your employer or, if this is not available, an indication of your plan for meeting the program demands and your professional responsibilities. In particular, explain how you will balance the demands of the program with your professional and personal life?

Checklist of Required Application Documents

Graduate Studies Application

You are required to file the following with the **Office of Graduate Studies**
Riverfront Center Room 206
(916)278-6470

- Complete an online CSU Graduate/Post-baccalaureate Application for Admission which can be accessed at www.csumentor.edu/admissionapp
- One** set of **official** transcripts from all the colleges and universities attended, **other than** Sacramento State.

Supplemental (Program) Application

You are required to submit the following documents **to the Ed.D. Program Office** on campus

- One** set of **unofficial transcripts** for each college or university attended.
- 3 letters of recommendation including supplemental rating sheets.
- Official Graduate Record Examination (GRE) General Test scores no more than five years old.
(Note: scores from all three sections of the GRE General Test: Verbal, Quantitative & Analytical writing are required)
- The completed CSU Supplemental Ed.D. Application Form (this form), accompanied by:
 - Statement of purpose & responses to the three questions in Parts I and II above.
 - A professional resume.
 - A writing sample.
 - Statement of support from employer or candidate study plan (Part III C above).
 - Student Information Form.
 - Statistical Information Questionnaire.



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Campus Ed. D. Program Office Contact:

Address Dr. Carlos Nevarez
Ed.D Director, Doctorate in Educational Leadership
CSU, Sacramento
College of Education
6000 J Street – Eureka Hall Room 328
Sacramento, CA 95819-6079

E-mail: nevarerz@csus.edu or edd@csus.edu

Website: www.csus.edu/edd

Office: 916.278.2282



STATISTICAL INFORMATION QUESTIONNAIRE

The information requested on this form is voluntary and will assist in evaluating the recruitment program and in accurately compiling required statistical reports for federal, state, and local agencies. This form will be detached from the program application and will not be used to discriminate against, or give preference to, any individual.

Please check the category that applies to you:

Male Female

Date of Birth: ___ / ___ / ___

Ethnicity: Instructions: Please mark oone category and subcategory, if appropriate.

- American Indian
- Black/African American (not of Hispanic origin)
- White/Caucasian (not of Hispanic origin)
- Two or more Races/Ethnicities
- Foreign
- Other
- Declined to State
- Asian or Pacific Islander
 - Asian
 - Southeast Asian
 - Pacific Islander
 - Filipino
- Mexican/Latino:
 - Mexican
 - Other Hispanic/Latino