GENERAL INFORMATION

Admission Deadlines

The application for admission, the application fee, official transcript(s), letters of recommendation, and the appropriate entrance test scores must be received no later than the application deadline noted below for admission to degree status.

Fall Semester – June 15
Spring Semester – November 1
Summer Session – April 1

Admission Deadlines for International Students

An international student who is a UDC graduating senior or a recent UDC graduate must adhere to the above deadlines. An international student requiring an F-1/F-2 Visa must submit all documents by the deadlines noted below. F-1 applicant must apply for admission to a degree program.

Fall Semester – May 1
Spring Semester – September 15
Summer Session – Not Applicable

Admission Categories and Requirements

* Degree Applicant – One who is applying for admission to a specific graduate degree program. The requirements are:

1. Completed Application for Graduate Admission.
2. Two official transcripts from each collegiate institution attended.
3. Appropriate entrance test score(s).
4. A 100-hundred word essay indicating the reason you chose your particular program.
5. Two Letters of Recommendation.
6. $20 nonrefundable application fee.

Certificate Applicant – One who is applying for admission to a specific graduate certificate program of which there are specific academic requirements. The general requirements for admission are:

1. Completed Application for Graduate Admission.
2. One official transcript from each undergraduate and graduate collegiate institution attended.
3. $20 nonrefundable application fee.

Special Graduate (Non-Degree) Applicant – One who is not seeking admission to a degree program. The general requirements for admission are:

* Speech-Language Pathology (Clinical) - Fall Admission Only. Non-degree students must have department approval.

1. Completed Application for Graduate Admission.
2. Photocopy of your Baccalaureate degree or copy of transcript reflecting date of graduation and degree conferred.
3. $20 non refundable application fee.

Although not a requirement for admission, you may be requested by the academic department to provide evidence of any required course prerequisites.

Note: If you decide to seek admission to a degree program, only nine (9) credit hours will be considered for transfer credit.

Readmitted (Returning) – One who was previously enrolled. (A student who has not registered for two consecutive semesters, excluding summer, or a student who officially withdrew from all classes when last enrolled at UDC).

Application Procedures

Please type or print legibly. Applicants are solely responsible for compiling their own credentials. Collect in SEALED envelopes all official transcripts and Letters of Recommendation. Documents submitted in unsealed envelopes will be returned. Entrance test scores are to be mailed directly from the testing agency; test scores must be less than five years old. Mail all documents (in the envelope provided with this application) to: University of the District of Columbia, Office of Recruitment and Admission, 4200 Connecticut Avenue, N.W., Building 39, Room A-14, Washington, D.C. 20008.

Admission Decisions

Decisions will be made by department chairpersons when applications are complete.

Financial Assistance

The University’s student aid program is designed to meet the needs of eligible students by providing grants, part-time employment, and loans. The amount of assistance awarded is governed by the availability of funds, a student’s academic progress, and the amount of financial need. Students can complete the Free Application for Federal Student Aid (FAFSA) to determine eligibility for all federal and institutional aid programs administered by the University’s Office of Financial Aid. The application deadline is March 15.

Cost

Graduate tuition for full-time resident students is $198 per credit hour; for non-resident students, tuition is $329 per credit hour. There is an additional student fee of $135 to cover student activities and miscellaneous services.

Tuition and fees are subject to change without prior notification to students.
Students With Disabilities

Students with disabilities who need special services should contact the Office for Services for Students with Disabilities, Building 38, Room A-11 at (202) 274-6152. The TTY telephone number for the hearing impaired is (202) 274-5579.

Compliance

The University of the District of Columbia is in full compliance with Title VI of the Civil Rights Act of 1964. The University operates all of its activities and provides all benefits to students and employees without regard to race, color, creed, religion, national origin, or sex. The University does not discriminate, on the basis of handicap, in admission or access to its programs.

Explanation of Residency

If you are a bona fide resident of the District of Columbia, you are entitled to pay the resident tuition rate. A bona fide resident must have resided in the District of Columbia continuously for at least one (1) year immediately preceding the first day of classes for the semester or term for which resident classification is claimed. You may qualify as a resident student if the following apply:

- You are living with, and have lived with for at least the preceding year, a spouse, parent, or legal guardian who is a bona fide resident of the District of Columbia.
- You are a legal adult (at least 18 years of age) who is and has been a resident of the District of Columbia for at least one year.
- You (or your spouse, permanent or legal guardian) are an active duty member of the U.S. Armed Forces, Selective Reserve, or National Guard.
- You have been continuously domiciled in the District of Columbia for the past 12 months, and intend to make the District of Columbia your permanent home, not only while in attendance at the University, but indefinitely thereafter, and have no intent to be domiciled elsewhere.

Proof of Residency Documentation

Certified copy of your D-40 Tax Form which you have secured from the DC Office of Finance, 941 North Capitol Street, N.E., 1st floor (202-727-4829).

Falsification of residency may result in the University withholding a degree, in which case, the student will be required to make financial restitution to the University for the difference between resident and nonresident tuition.

GENERAL INSTRUCTIONS

Please submit all required documents to:

University of the District of Columbia
Office of Recruitment and Admission
Building 39, Room A-14
4200 Connecticut Avenue, N.W.
Washington, D.C. 20008
Telephone: (202) 274-6110

Required Items:

1. The Application for Graduate Admission. Please type or print in ink.

2. The appropriate nonrefundable application fee:
   [money order or certified check only]
   $20.00 – Application Fee
   $10.00 – Readmission Fee

3. Two official transcripts from each college/university attended. Transcripts should reflect a listing of all subjects, grades, or marks received, and the degree conferred. If academic records are in a language other than English, records must be evaluated by World Education Services (WES). The official evaluation must be mailed directly to the University of the District of Columbia.

   WES (World Education Services)
   P.O. Box 57206
   Washington, D.C. 20037-7206
   (202) 331-2925
   Email: dc@wes.org
   www.wes.org

4. Two letters of recommendation. One must be from a professor or supervisor under whom you have studied or worked. The person’s recommendation must be related to your professional qualifications.
5. Required entrance test results for degree applicants.
   - M.A. Early Childhood Education [GRE]
   - M.A. English Composition and Rhetoric [GRE]
   - *M.S. Speech-Language Pathology (Clinical) [GRE]
   - M.A. Special Education [GRE]
   - M.S. Clinical Psychology [GRE]
   - M.S. Counseling [GRE]
   - M.S.T. Mathematics [GRE]
   - Certificate Program for Elementary Mathematics Specialists [GRE]
   - M.B.A. Business Administration [GMAT]
   - M.P.A. Public Administration [GMAT or GRE]

6. A 100-hundred word essay indicating the reason you chose your particular program.

In addition to the above, International Applicants must also submit:

- A Financial Affidavit of Support Form I-864 (indicating funding resources). These funds are to be certified in U.S. currency only.
- Submit official results of the Test of English as a Foreign Language (TOEFL). Results must be forwarded directly from the testing agency. The minimum required score for the written test is 550. The minimum required score for the computerized test is 213. www.toefl.org

The TOEFL requirement does not apply to applicants whose native language is English or to applicants who have earned an undergraduate degree from a regionally accredited U.S. college or university, or to applicants from a country in which English is the national language.

* Degree seeking students are admitted fall semester only. Non-degree students must have department approval.
Term and year of intended admission:  

- Fall  
- Spring  
- Summer  
Year__________________  

Admission category:  

- Degree  
- Special (Non-Degree)  
- Certificate  
- Readmission  

SECTION A  

Social Security Number _________ - _________ - _________ (Used only for student identification in school records.)  

Last Name/Family Name: ___________________________ First Name/Given Name: ___________________________ Middle Initial: ___  

Former Name (If Applicable): ___________________________  

Gender: ☐ Male  ☐ Female  Date of Birth _____ / _____ / _______  

HOME ADDRESS (APPLICANT’S HOME ADDRESS)  

Street: ___________________________________________________________  

City/State: ___________________________ Country: ___________________________ Zip/Postal Code: ___________________________  

Home Telephone: ___________  Work Telephone: ___________  E-mail Address: ___________________________  

D.C. Resident: ☐ Yes  ☐ No  (See explanation of residency in General Information before checking the appropriate box.)  

IN CASE OF EMERGENCY, CONTACT:  

Last Name: ___________________________ First Name: ___________________________ Relationship: ___________________________  

Street: ___________________________________________________________  

City/State: ___________________________ Country: ___________________________ Zip/Postal Code: ___________________________  

Home Telephone: ___________  Work Telephone: ___________  E-mail Address: ___________________________  

CITIZENSHIP  

City/State: ___________________________ Country: ___________________________ Native Language: ___________________________  

*Ethnic Identity  

- African American  
- Hispanic  
- Native American  
- Asian or Pacific Islander  

- Black  
- White  
- Other, please specify ___________________________  

Country of Birth: ___________________________________________  

*This information is voluntary. It will not be used in making admission decisions and will only be used for reporting purposes.  

SECTION B  

INTERNATIONAL STUDENTS  

Are you now in the U.S.? ☐ Yes  ☐ No  If yes, indicate your visa/immigrant status  

- A1  
- A2  
- A3  
- B1  
- B2  
- F-1  
- F-2  
- G  
- H  
- I  
- Permanent Resident  
- Refugee  
- Political Asylee  
- Other ___________________________  

Note: Applicants who are not U.S. Citizens must show proof of status (e.g. Permanent Resident Card (Green Card), or Passport, when they apply. Original documents must be presented).  

OVERSEAS APPLICANTS SHOULD PROVIDE INFORMATION ON A U.S. CONTACT PERSON:  

Last Name: ___________________________ First Name: ___________________________ Relationship: ___________________________  

Street: ___________________________________________________________  

City/State: ___________________________ Zip/Postal Code: ___________________________  

Home Telephone: ___________  Work Telephone: ___________  E-mail Address: ___________________________  

SECTION C  

If seeking a degree, indicate degree: ___________________________ Program: ___________________________  

What option/area? ___________________________________________  

If non-degree, indicate the program that offers the course(s) you wish to take:  

If seeking a graduate certificate, indicate program:  

UDC Graduate Application  Page 1 of 2
SECTION D

List all colleges/universities attended [No abbreviations please], include UDC, if applicable:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City/State</th>
<th>Month &amp; Year Attended</th>
<th>Major</th>
<th>Degree Conferred &amp; Date</th>
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</table>

Other education, training, awards, honors, publications, if any:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

How did you come to know about our graduate programs? □ Advertisement □ Faculty/Staff □ Alumni/Friend □ Other _________

SECTION E

Have you previously applied to a degree program at UDC, but did not enroll? □ Yes □ No

Have you previously enrolled in a degree program at UDC? □ Yes □ No

If yes, indicate your last term of enrollment: ______________ / ______________

(Term) (Year)

Did you graduate? □ Yes □ No If no, were you unable to complete the program within five years? □ Yes □ No

If no, are you applying for an extension? □ Yes □ No [For information on an extension, contact your faculty advisor]

Have you completed any non-degree coursework at UDC? □ Yes □ No

If yes, indicate your last term of enrollment: ______________ / ______________

(Term) (Year)

CERTIFICATION: As indicated by my signature, I understand that withholding information required on this application or giving false information may make me ineligible for admission to the University or subject to dismissal when the same is made known. With this understanding, I certify that the above information (this includes residency status) is correct and complete, and if admitted to the University of the District of Columbia, I agree to abide by its rules, policies, and regulations.

Signature of Applicant ___________________________ Date __________________

The University of the District of Columbia provides equal opportunity to all persons regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, physical disability, political affiliation, source of income or place of residence, in accordance with the provisions of the D.C. Human Rights Act of 1977 (D.C. Law 2-38).
LETTER OF RECOMMENDATION

To the Applicant: Please complete the first section of this form and sign where indicated. Give one form and envelope to each of the two persons who will write the recommendation. Each should return the form to you in the envelope provided. Enclose the sealed envelope with your application materials.

Last Name: ________________________________________ First Name: ________________________________ Middle Initial: ______

Social Security Number _________ - _________ - _________      (Used only for student identification in school records.)

Term for which you are applying (check one):  ☐ Fall  ☐ Spring  ☐ Summer  Year:_______________

Intended graduate program of study: ___________________________________________________  Degree: _____________________

Check One:
☐ I waive my right to review this Letter of Recommendation when completed and understand it will remain confidential.
☐ I do not waive my right to review this Letter of Recommendation.

Applicant’s Signature ________________________________________________________  Date________________________________

To the Respondent: This applicant is applying for admission to the graduate program indicated above. We would like for you to provide a candid statement relative to the applicant’s abilities to pursue graduate study at the University of the District of Columbia.

1. Please evaluate the applicant as you deem appropriate in terms of the following:
   a. Intellectual potential
   b. Motivation for graduate study
   c. Ability to do independent work
   d. Ability in written expression
   e. Ability in oral expression
   f. Dependability
   g. Maturity

2. I have known the applicant for ________________;  ________ as an undergraduate;  ________ other {specify} ______________ [length of time]

3. I have served as the applicant’s:  ☐ Department Chairperson  ☐ Major Advisor  ☐ Instructor in one class
   ☐ Instructor in several classes  ☐ Other {specify} ________________________________

Please use the reverse side of this form to assess the applicant’s potential for successful graduate study. When complete, please sign, date and immediately return to the applicant in a sealed envelope.
How would you rate this applicant compared to others whom you have recommended for graduate school?

☐ Average  ☐ Superior (upper 15%)
☐ Good (upper 25%)  ☐ Outstanding (upper 10%)

If you offer or could offer the same program at your institution, would you recommend the applicant?  ☐ Yes  ☐ No

Please type or print the following information:

Name of Respondent: __________________________________________________________________________________________

Title: ______________________________________________________________________________________________________

Institution: __________________________________________________________________________________________________

Department: _________________________________________________________________________________________________

Address: __________________________________________________________________________________________________

____________________________________________________________________________________________________

Phone: [   ] _____________________________

E-mail Address: __________________________________

Signature __________________________________________________________________________  Date _______________________
LETTER OF RECOMMENDATION

To the Applicant: Please complete the first section of this form and sign where indicated. Give one form and envelope to each of the two persons who will write the recommendation. Each should return the form to you in the envelope provided. Enclose the sealed envelope with your application materials.

Last Name: ________________________________________ First Name: ________________________________ Middle Initial: ______

Social Security Number _________ - _________ - _________      (Used only for student identification in school records.)

Term for which you are applying (check one): □ Fall  □ Spring  □ Summer  Year:_______________

Intended graduate program of study: ___________________________________________________  Degree: _____________________

Check One:  □ I waive my right to review this Letter of Recommendation when completed and understand it will remain confidential.
□ I do not waive my right to review this Letter of Recommendation.

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1. Please evaluate the applicant as you deem appropriate in terms of the following:
   a. Intellectual potential
   b. Motivation for graduate study
   c. Ability to do independent work
   d. Ability in written expression
   e. Ability in oral expression
   f. Dependability
   g. Maturity

2. I have known the applicant for ________________; ________ as an undergraduate; ________ other (specify) ______________
   (length of time)

3. I have served as the applicant’s:  □ Department Chairperson  □ Major Advisor  □ Instructor in one class
   □ Instructor in several classes  □ Other (specify) _________________________________

Please use the reverse side of this form to assess the applicant’s potential for successful graduate study. When complete, please sign, date and immediately return to the applicant in a sealed envelope.
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☐ Good (upper 25%)  ☐ Outstanding (upper 10%)

If you offer or could offer the same program at your institution, would you recommend the applicant?  ☐ Yes  ☐ No

Please type or print the following information:

Name of Respondent: ____________________________________________________________

Title: ________________________________________________________________________

Institution: __________________________________________________________________

Department: __________________________________________________________________

Address: _____________________________________________________________________

_____________________________________________________________________________

Phone: [____] _____________________________

E-mail Address: ____________________________

Signature ___________________________ Date ______________________
APPLICATION CHECKLIST REMINDERS

☐ Application for Graduate Admission (Remember to sign and date page 2 of the Application for Graduate Admission).

☐ Two Official transcript(s) of academic records from all colleges and universities attended (including UDC). See Application Procedures.

☐ Two Letters of Recommendation.

☐ 100-word essay.

☐ $20 (non-refundable) Admission Application Fee (Money Order, Certified Check, or Bank Check).

☐ $10 (non-refundable) Application for Readmission Fee (Money Order, Certified Check, or Bank Check).

☐ Requested appropriate entrance test scores (mailed directly to UDC).

Please return the completed application packet to:

University of the District of Columbia
Office of Recruitment and Admission
4200 Connecticut Avenue, N.W.
Building 39, Room A-14
Washington, D.C. 20008

University of the District of Columbia
“A New Day, A New Opportunity”
CALENDAR

Domestic applicants should apply and submit all supporting credentials by the following application deadlines:

- June 15: Application deadline for Fall Semester
- November 1: Application deadline for Spring Semester
- April 1: Application deadline for Summer Session

International applicants should apply by the following application deadlines - (VISA Types B, F, and J):

- May 1: Application deadline for Fall Semester
- September 15: Application deadline for Spring Semester
- Summer Session - Not applicable