



Application for Admission

Doctor of Education (Ed.D.) Degree Program

A \$75.00 non-refundable fee must accompany this application. Make a check or money order payable, in U.S. funds, to California Coast University or complete the credit card payment portion located at the end of the application. Remember to include Name and/or Social Security Number on your check or money order. Applicants must be at least 18 years of age.

STUDENT INFORMATION

| | | | |
|--|------------------------|---|---|
| Last Name | First Name | Middle Name | Maiden |
| Permanent Mailing Address | | Apt./Ste. | City |
| State | Zip Code | | Country (if not U.S.A.) |
| International Postal Code | | | |
| Home Phone | Work Phone/Ext. | Cell Phone | Fax |
| Date of Birth | Social Security Number | Email | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Current Employer | | Position | |
| How did you hear about CCU? (Please be specific): | | | |
| Have you ever been in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Will you be using Military Financial Assistance? If so, please check: <input type="checkbox"/> Military TA <input type="checkbox"/> MyCAA <input type="checkbox"/> VA Benefits | | (Optional) Ethnic heritage code <input type="checkbox"/> African American <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other | |
| Have you previously attended CCU? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was your Student ID#: | | | |
| Are you a CCU graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

PROGRAM INFORMATION

Degree Program: Please check which degree program you are applying for: (Only Check One)

- Ed.D. Educational Administration
 Ed.D. Organizational Leadership
 Ed.D. Educational Psychology

PERSONAL STATEMENT

Please submit a personal statement explaining your professional and personal goals as they relate to the Doctor of Education program. Describe how obtaining your degree will enhance your career and/or life plans. You may also want to include what you expect to gain through this program. Please limit your response to no more than 750 words. Your personal statement must be received prior to your evaluation.

PRIOR ACADEMIC EXPERIENCES

| Colleges/Universities <i>*Please list all graduate study experience only</i> | Dates Attended | Major | Degree Awarded | Sem. Units of Credit | Qtr. Units of Credit |
|---|----------------|-------|----------------|----------------------|----------------------|
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*Attach a separate sheet if more space is needed.

SUBMITTED DOCUMENTS

| Document (copies will suffice for evaluative purposes only .) | If not included, list date to be provided. |
|--|--|
| A. Transcripts <input type="checkbox"/> Check box if included | |
| B. Resume <input type="checkbox"/> Check box if included | |
| C. Personal Statement <input type="checkbox"/> Check box if included | |

TUITION AND APPLICATION FEES

| Outside Contiguous U.S. includes AK, AS, FM, GU, HI, MH, MP, PR, PW, AND U.S. VI | Contiguous U.S. Tuition | Outside Contiguous U.S. Tuition |
|--|-------------------------|---------------------------------|
| A. Application Fee (non-refundable) | \$75.00 | \$75.00 |
| B. Cost per doctoral unit | \$290.00 | \$330.00 |

PAYMENT INFORMATION

I am enclosing a \$75.00 check or money order payable in U.S. funds to California Coast University.
 Please charge my application fee of \$75.00 U.S. funds to the credit card listed below.

VISA Master Card American Express Discover/Novus

| | | |
|---------------------|------------|------|
| Credit Card Number: | Exp. Date: | CVV: |
| | | |

By signing below, I certify that I am at least 18 years of age and I hereby apply for admission to the degree program selected on the front of this application and listed below. I understand that if accepted, I may enroll in the degree program offered by California Coast University and pay my tuition at no interest with California Coast University. I also understand that this application is valid for 30 days from the date of acceptance. If I do not enroll within 30 days, I will have to reapply for future enrollment.

I am enclosing a non-refundable application fee of \$75.00, which entitles me to an academic course work evaluation for a single program. Should I desire an additional evaluation for a different program, there is an additional non-refundable charge of \$75.00 for each evaluation. I am applying for admission into the:

_____ degree program.
 (Enter the name of the program for which you are applying. Please double check program choice.)

Applicant's Signature

Date

OFFICE USE ONLY

Recommended for Admission: _____ Date: _____
 (Admissions Department CCU)

Accepted for Admission: _____ Date: _____
 (Academic Dean)

Any questions or problems concerning this school, which have not been satisfactorily answered or resolved by the school, should be directed to:
 The Bureau for Private Postsecondary and Vocational Education
 P.O. Box 980818 • West Sacramento, CA • 95798 www.bppve.ca.gov