# **GRADUATE APPLICATION FOR ADMISSION**



| This application is for: ☐ fall 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ spring 20                                                                                              | ☐ summer 20                                                                                                                        |                                 |
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| ☐ M.F.A. in Creative Writing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | M.A. in Liberal Studies                                                                                                            |                                 |
| <ul> <li>□ M.A. in Children's Literature (summer only)</li> <li>□ M.F.A. in Children's Literature (summer only)</li> <li>□ M.F.A. in Children's Book Writing &amp; Illustrating (summer only)</li> <li>□ M.F.A. in Playwriting (summer only)</li> <li>□ M.A. in Theatre and New Play Development (summer only)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | <ul><li>Degree-seeking student with a</li><li>Humanities</li><li>Interdisciplinary Studies</li><li>Leadership</li></ul>            | O Medical Communication         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | <ul><li>□ M.A. in Teaching subject</li><li>□ Teacher Licensure (without the</li></ul>                                              |                                 |
| <ul> <li>□ M.A. in Screenwriting &amp; Film Stude</li> <li>□ M.F.A. in Screenwriting (summer of the company of the compan</li></ul> | M.A. in Screenwriting & Film Studies (summer only) M.F.A. in Screenwriting (summer only) M.F.A. in Dance | subject  M.A. in Teaching and Learning  Certificate of Advanced Studies  Non degree-seeking student (lied education programs only) | g<br>es                         |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                                                                    |                                 |
| Name:(Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          | (First)                                                                                                                            | (Middle/Former)                 |
| Preferred Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | Social Security Number (optional):                                                                                                 |                                 |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                                                                                                                                    |                                 |
| (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | (State)                                                                                                                            | (Zip)                           |
| Mailing Address: (if different from home address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                                                                    |                                 |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          | Email:                                                                                                                             |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | ☐ Work ☐ Cell phone:                                                                                                               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | If Virginia, □ city or □ county of residence:                                                                                      |                                 |
| Has a change in your residence been ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | de in the last 12 mo                                                                                     | onths? □ yes □ no City of birth                                                                                                    |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | Country of citizenship:                                                                                                            |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | is?                                                                                                                                |                                 |
| If you are not a U.S. citizen, are you a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                                                    |                                 |
| ☐ U.S. Visa Holder (Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                                                    |                                 |
| · • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | e?                                                                                                                                 |                                 |
| The following information is requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | to assist the univer                                                                                     | rsity in complying with federal and state r<br>n. Please indicate gender and the ethnic g                                          | reporting regulations. Response |
| ☐ Male ☐ Female If you are not Hispani ☐ American Indian or ☐ Native Hawaiian or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | c or Latino, please<br>Alaskan Native                                                                    | ou Hispanic or Latino?                                                                                                             |                                 |

| Institution(s) from which you have received <i>undergraduate</i> credits:  Name of institution, period of attendance, and degree or number of credits:                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Institution(s) from which you have received <i>graduate</i> credits:  Name of institution, period of attendance, and degree or number of credits:                                                                                                                                                                                                                                                                                                                                              |
| I have requested that an official transcript of all college level courses be sent to the Hollins University Graduate Center, Box 9603, 7916 Williamson Road, Roanoke, VA 24020. ☐ yes ☐ no (Electronic certified copies are acceptable and may be sent to hugrad@hollins.edu.)  If no,explain:                                                                                                                                                                                                 |
| List the names of three persons whom you have asked to write letters of recommendation. Two of them should be instructors or others who are familiar with your academic qualifications and/or who can attest to your ability to be successful in the program to which you are applying. Recommendations may be mailed to the Hollins University Graduate Center, Box 9603, 7916 Williamson Road, Roanoke, VA 24020, or emailed by the recommender on his/her letterhead to hugrad@hollins.edu. |
| Employment, including part time and summer, in which you have engaged during the past four years:                                                                                                                                                                                                                                                                                                                                                                                              |
| On a separate sheet, include a statement of educational objectives. This can include an autobiographical letter describing your educational and professional background and your reasons for wanting to attend graduate school. Include any additional information that you think will aid the committee in reaching a decision.                                                                                                                                                               |
| ☐ I wish to apply for financial assistance. Possible military benefits? ☐ yes ☐ no                                                                                                                                                                                                                                                                                                                                                                                                             |
| Are you or any of your relatives currently employed by Hollins University? $\square$ yes $\square$ no If so, please list name(s), department(s), and relationship:                                                                                                                                                                                                                                                                                                                             |
| I certify that the information submitted in support of my application is complete and accurate. I understand that inaccurate information may affect my admission and may be grounds for dismissal. I understand that information provided on this application may be sent to the Virginia State Police and other state or federal agencies for reporting purposes.                                                                                                                             |
| Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Hollins University does not discriminate in admission because of race, color, religion, age, disability, sexual orientation, veteran status, national or ethnic origin, or genetic information and maintains a nondiscriminatory policy throughout its operation. For more information, contact the director of equity, community, and Title IX coordinator at (540) 362-6069 or <a href="mailto:search@nollins.edu">search@nollins.edu</a> .                                                  |
| How did you first hear about this program?   advertisement   news article   brochure   friend   Hollins website   professor/mentor   current student   alumna/alumnus   Facebook   other internet source   source of advertisement or article                                                                                                                                                                                                                                                  |

A \$40 processing fee is due upon submission of this application.

Thank you for your interest in graduate study at Hollins University. To ensure timely processing of your application, read and follow the general instructions for all applicants as well as those required for the specific program to which you are applying. You may apply to more than one program; however, a separate application form and processing fee are required for each.

# **Instructions for all applicants**

- 1. Indicate on the application the program to which you are applying and complete all items on the application form.
- 2. A nonrefundable processing fee of \$40, made payable to Hollins University, must accompany this application.
- 3. Request your undergraduate and any graduate transcripts.
- 4. Read and follow the instructions for the particular program to which you are applying.
- 5. All application materials sent through postal mail should be submitted by the program's due date to: Hollins University Graduate Center, Box 9603, 7916 Williamson Road, Roanoke, VA 24020. Application materials sent electronically should be emailed to hugrad@hollins.edu.
- 6. International students only: If your native language is not English, TOEFL, IELTS, or Duolingo test scores are required. An analysis of your transcript must be reviewed and submitted by a foreign credential evaluation service. Certification of your ability to fund your graduate education and expenses associated with it is required as well.

# Children's Literature M.A. or M.F.A., M.F.A. in Children's Book Writing & Illustrating

Candidates must have a bachelor's degree from a regionally accredited college or university. They must give evidence, by undergraduate record, submission of manuscripts (a sample of the candidate's best writing), and letters of recommendation, of their capacity to undertake the program. They may submit scores from the Graduate Record Examination to support their application, but the GRE is not required. The writing sample for an M.F.A. must be creative. The sample submitted for an M.A. application may be either scholarly or creative. Students applying for the M.F.A. in Children's Book Writing & Illustrating must also present a digital portfolio of 6-10 images representing their best work. The deadline for receipt of all materials is **February 15.**\*

## Screenwriting and Film Studies M.A. or M.F.A. (summer term only)

Candidates must have a bachelor's degree from a regionally accredited college or university. They must give evidence, by undergraduate record, submission of manuscripts, and letters of recommendation, of their capacity to undertake the program. They may also submit scores from the Graduate Record Examination, but the GRE is not required. The writing sample for the M.F.A. program must be creative. The sample for the M.A. program may be either creative or scholarly. The deadline for receipt of all materials is **February 15**.\*

### **Playwriting M.F.A.** (summer term only)

Candidates must have a bachelor's degree from a regionally accredited college or university. They must give evidence, by undergraduate record, submission of manuscripts, and letters of recommendation, of their capacity to undertake the program. They may also submit scores from the Graduate Record Examination, but the GRE is not required. The deadline for receipt of all materials is **February 15**.\*

### Theatre and New Play Development M.A. (summer term only)

Candidates must have a bachelor's degree from a regionally accredited college or university. They must give evidence, by undergraduate record, submission of manuscripts, and letters of recommendation, of their capacity to undertake the program. They may also submit scores from the Graduate Record Examination, but the GRE is not required. The deadline for receipt of all materials is **February 15**.\*

### **Creative Writing M.F.A.** (two-year program begins each fall)

Candidates must have a bachelor's degree from a regionally accredited college or university. They may submit scores from the Graduate Record Examination. They must give evidence, by undergraduate record, submission of manuscripts, and letters of recommendation, of their capacity to undertake the program. The deadline for receipt of all materials is **January 6**.\*

## **Dance M.F.A.** (program begins each summer)

**Track I—Year Residency:** This program is for highly motivated students with a strong interest in expanding their knowledge and experience, especially in their creative work, in an uninterrupted way. Candidates must have a bachelor's degree with an undergraduate major in dance or equivalent dance experience. They must submit transcripts, a DVD of selected works (maximum length: 12 minutes), three letters of recommendation, a résumé of experience, and an artist's statement. The deadline for receipt of all materials is **December 1**.\*

**Track II—Low Residency, Two summer** (minimum of 10 years experience required): This program is designed for mid-career artists, teachers, and dance professionals who must study in a limited time frame that accommodates their employment/performance schedule. Candidates must have a bachelor's degree with an undergraduate major in dance or equivalent dance experience. They must submit transcripts, a DVD of selected works (maximum length: 12 minutes), three letters of recommendation, résumé of experience, and an artist's statement. The deadline for receipt of all materials is **December 1**.\*

**Track III—Low Residency, Three summer:** This program is designed for emerging artists, teachers, and dance professionals. This course of study is mapped over three summers to allow for an extended immersion in intellectual and creative experiences. This track is for highly motivated professionals seeking to substantiate their portfolio as they develop their professional careers. Candidates must have a bachelor's degree with an undergraduate major in dance or equivalent dance experience. They must submit transcripts, a DVD of selected works (maximum length: 12 minutes), three letters of recommendation, résumé of experience, and an artist's statement. The deadline for receipt of all materials is **December 1**.\*

#### Liberal Studies M.A.

Candidates must have a bachelor's degree from a regionally accredited college or university. They must provide evidence, by undergraduate record, statement of educational objectives, and letters of recommendation, of their capacity to undertake the program. Applicants are required to have an admission interview with a program advisor upon acceptance into the program.

Rolling admission makes application possible prior to any of the three terms offered (fall, spring, and summer). The university admits applicants to the Master of Arts in Liberal Studies program upon approval of the director and to candidacy for the degree upon successful completion of their first two courses with a grade of "B" or better.

# Teaching M.A.

Candidates must have completed a bachelor's degree in a liberal arts or sciences discipline (or the equivalent) from a regionally accredited college or university. They must provide evidence of their capacity to undertake the program by submission of their undergraduate transcripts, three letters of recommendation, and a personal statement regarding the qualities they would bring to the teaching profession. An admission interview is required prior to acceptance into the program. (Teacher licensure without obtaining the master's is also available at Hollins.)

Admission is possible for fall, spring, and summer terms. Application deadlines are **August 1**, **December 1**, and **May 1**, respectively.\*

# **Teaching and Learning M.A.**

Candidates must have completed a bachelor's degree from a regionally accredited college or university. They must provide evidence of their capacity to undertake the program by submission of their undergraduate transcript(s), three letters of recommendation, and a personal statement regarding their educational objectives in pursuing the degree.

Rolling admission makes application possible prior to any of the three terms offered (fall, spring, and summer).

## **Certificate of Advanced Studies (C.A.S.)**

Candidates must have completed a master's degree from a regionally accredited college or university. They must provide transcripts as evidence of their graduate degree, three letters of recommendation, and a statement of educational objectives. An admission interview is required upon acceptance to the program.

Rolling admission makes application possible prior to any of the three terms offered (fall, spring, and summer). The university admits applicants to the Certificate of Advanced Studies program upon approval of the director and to candidacy for the degree upon successful completion of their first two courses with a grade of "B" or better.

## Non degree-seeking applicants

Individuals desiring to take a class without formal admission to one of Hollins' graduate programs may apply as a non degree-seeking student. Courses may be taken from the Master of Arts in Liberal Studies, Master of Arts in Teaching (limited to two), and undergraduate offerings. Applicants must submit the application for admission, \$40 processing fee, and undergraduate transcript(s). In courses where enrollment is limited, priority will be given to degree-seeking students. Financial assistance is not available for non degree-seeking students.

\*Circumstances may allow us to consider a qualified student after the deadline.

