



SPIRIT. MIND. BODY.

DOCTOR OF EDUCATION APPLICATION



ORU

ORAL ROBERTS UNIVERSITY

ORU

ADMISSIONS REQUIREMENTS FOR ORU DOCTOR OF EDUCATION DEGREE

Education

Applicants must first hold a professional degree with a grade point average of 3.00.

REQUIREMENTS CHECKLIST

Please send the following items to the Office of Graduate School Admissions. **All transcripts and references are to be sent directly by the college/university or recommender** to the attention of the Admissions Coordinator, Oral Roberts University, 7777 South Lewis Avenue, Tulsa, OK 74171.

Recommendations or transcripts received directly from the applicant are considered unofficial and will not be used toward completion of one's application file. Applications are reviewed when the following items are received:

☐ **Completed Application Form**

☐ **Application Processing Fee \$35**

☐ **Official Transcripts**

Official transcripts must be received **directly from all colleges and universities attended** in their original sealed envelope unless you are an international student (see next page). This also includes all technology and unaccredited schools.

☐ **Honor Code**

All ORU students accept the Honor Code as their lifestyle while at ORU. Be sure to read and sign the Honor Code, your signature acknowledges your acceptance of the ORU lifestyle.

☐ **Cleric Recommendation**

This form is to be completed and returned by your spiritual overseer or church leader **who is not a relative**. The Cleric Recommendation is waived for ORU Alumni.

☐ **Academic/Professional Recommendation**

Three (3) Academic/Professional Recommendation forms from college, master level faculty members are required. If these are not available, you may choose professional educators, preferably supervisors, who can verify your academic readiness for the doctoral program. These recommendations are to be returned to ORU **directly by the person submitting the reference**.

The following essays are to be submitted with your application form.

On separate sheets of paper, please provide the following information for the Admissions Committee:

☐ **Writing Submissions**

Submit two (2) examples of your graduate level writing. These can be major assigned papers, research papers, summary chapter of a thesis, published articles, or other writings which will demonstrate proficiency in graduate level organizational, composition, research, and annotation skills that will provide an index of your ability to write a doctoral dissertation.

☐ **Statement of Reason for Applying to ORU**

Indicate your reason for wanting to do your Doctor of Education at Oral Roberts University. State what you would like the program to accomplish for you.

☐ **Finances**

Discuss how you plan to finance your Doctor of Education, if accepted.

International Students Additional Admission Requirements

☐ **TOEFL Score**

All international students whose native language of instruction is not English must submit official TOEFL scores from within the past two years. A minimum score of 550 paper-based, 213 computer-based, or 79-80 internet-based is required for admission. For further information on the TOEFL, please call 609.771.7100 or go to <http://www.ets.org>.

☐ **International Student Financial Guarantee Form**

All international students are required to document verification of their financial support. Support must be verified prior to the University issuing an Form I-20. The Form I-20 is needed in order for an applicant to be issued a student visa. A new financial agreement form with verification of funds is required each year. The guarantor must agree to meet the actual expenses incurred **for each year the applicant is enrolled at ORU**.

☐ **Sevis Transfer Request**

This form is required of international students **in F-1 Status** transferring to ORU from another U.S. school.

☐ **World Educational Services (WES)**

All International students are required to use this service for quick and accurate evaluation of transcripts. More information is available at www.wes.org.

Additional Items

☐ **Tuition Deposit**

After admission has been granted, a nonrefundable advance tuition payment in the amount of \$125 is required. This deposit will be credited to your university account.

☐ **Medical Assessment**

In accordance with the University philosophy of educating the whole person (spirit, mind and body), all students are required to participate in the University's health and fitness program. A medical assessment form must be completed and submitted to the University prior to your enrollment in health and fitness courses. A copy of this form is located at <http://admissions.oru.edu/MedicalAssessment.pdf>. Students approved to live in university housing are required to submit immunization records as listed on the medical assessment form.

APPLICATION FOR ADMISSION 03

Social Security #: _____ - _____ - _____ Date of Application: _____

Name: _____
Last/Family Name First/Given Name Middle Name

Other names under which transcripts have been issued: _____

Address: _____
Number and Street City State Zip Country

Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Email Address: _____

I plan to start ORU in: ☐ Fall ☐ Spring ☐ Summer _____ (Year)

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

What is your citizenship status?

☐ U.S. Citizen (State of residence)

☐ Non U.S. Citizen (If you are a Non U.S. Citizen, please state your country of citizenship and your country of birth.)

Country of Citizenship _____ Country of Birth _____

If you are living in the United States and you are not a U.S. citizen, please indicate your current status or visa type.

☐ Student ☐ Permanent Resident ☐ Visitor/Tourist ☐ Other _____

Visa Type _____ Expiration Date _____

If you are an international student please provide your Non U.S. address _____

Have you ever been convicted, pled guilty or no contest to a felony charge? ☐ Yes ☐ No

Have you ever been convicted of a crime involving moral turpitude? ☐ Yes ☐ No

If yes, please provide a written explanation on a separate sheet of paper. In response to legislation, Title 70 O.S., Supp. 1985. and 3-104.1, every applicant seeking teacher certification is required to answer these questions.

Personal Information

The information requested below is used for statistical purposes only. You are not required to complete this section of the application. If you complete this section, the information will not be used in evaluating your application for admission. ORU does not discriminate against applicants on the grounds of race, religion, color, sex, age, national origin, disability, or veteran status.

If you are an American citizen, which best describes your national origin?

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Pacific Islander
☐ Hispanic ☐ Other _____

Veteran Services

Are you a veteran of the U.S. armed forces? ☐ Yes ☐ No

Please select one of the following:

<input type="checkbox"/> Assembly of God	<input type="checkbox"/> Baptist	<input type="checkbox"/> Catholic	<input type="checkbox"/> Charismatic
<input type="checkbox"/> Church of Christ	<input type="checkbox"/> Church of God-Christ	<input type="checkbox"/> Episcopalian	<input type="checkbox"/> Freewill Baptist
<input type="checkbox"/> Full Gospel	<input type="checkbox"/> Holiness	<input type="checkbox"/> Independent	<input type="checkbox"/> Interdenominational
<input type="checkbox"/> Jewish	<input type="checkbox"/> Lutheran	<input type="checkbox"/> Methodist	<input type="checkbox"/> Nazarene
<input type="checkbox"/> Nondenominational	<input type="checkbox"/> Open Bible Standard	<input type="checkbox"/> Pentecostal	<input type="checkbox"/> Presbyterian
<input type="checkbox"/> Protestant	<input type="checkbox"/> Southern Baptist	<input type="checkbox"/> Other _____	

Area of Study - Applications are considered for admission into only **one** graduate school and degree program

Doctor of Education

☐ Public School Administration Elementary/Secondary Schools (PK-12) ☐ Christian School Administration Elementary/Secondary Schools (PK-12) ☐ College & Higher Education Administration Postsecondary Schools, Colleges & Universities

Prior Education

Master's Degree received from _____
 Date Received _____ GPA _____
 Major _____

Please list all undergraduate and graduate schools you have attended (in chronological order) and indicate degrees or hours earned:

College/University	Dates of Attendance	Location	Degree Granted/Date of Graduation
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Score

**Have each college or university mail an original transcript to: ORU Graduate School Admissions
 7777 South Lewis Avenue Tulsa, OK 74171**

Was English your formal language of instruction? ☐ Yes ☐ No
 If not, have you taken the TOEFL? ☐ Yes, Date _____ ☐ No _____ Score _____
 Have you taken the Miller Analogies Test (MAT)? ☐ Yes, Date _____ ☐ No _____ Score _____
 Have you taken the Graduate Record Examination (GRE)? ☐ Yes, Date _____ ☐ No _____ Score _____
 I am scheduled to take one of the above tests. ☐ Yes, Date _____ ☐ No _____
 Which Test? _____

Honors and Activities

Please list, in order of importance, extracurricular activities, offices held, accomplishments, and professional memberships. _____

Please list awards, honors, and scholarships received in college and graduate school or since graduation.

_____	_____
_____	_____
_____	_____
_____	_____

Employment History

Position	School/Company	Address	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECOMMENDATIONS/ADDITIONAL INFO 0.5

*Please provide the following information concerning your references.
(References may not be related to applicant.)*

Cleric Recommendation (waived for ORU alumni)

Name: _____
Last First Middle Initial

Address: _____
Number and Street City or Town State Zip

Phone: () _____ Business Phone: () _____

Academic/Professional Recommendation #1

Name: _____
Last First Middle Initial

Address: _____
Number and Street City or Town State Zip

Phone: () _____ Business Phone: () _____

Academic/Professional Recommendation #2

Name: _____
Last First Middle Initial

Address: _____
Number and Street City or Town State Zip

Phone: () _____ Business Phone: () _____

Academic/Professional Recommendation #3

Name: _____
Last First Middle Initial

Address: _____
Number and Street City or Town State Zip

Phone: () _____ Business Phone: () _____

Personal Sketch

Oral Roberts University is a Christian institution of higher learning designed to serve a predominantly Christian body. With this thought in mind, **please address the following questions on additional paper, typed double-spaced, and attach to your application.**

- Why do you desire to attend ORU, and how does this relate to your life goals?
- Describe your own religious experience, past and present.
- Discuss major events that have occurred in your life.
- If you are an international student, please explain why you desire to study in the United States.
- Why have you chosen your field of vocation/ministry, and how do you see the degree program for which you are making application equipping you for that field?

Please detach and mail your application to:

ORU Graduate School Admissions
South Lewis Avenue
Tulsa, OK 74171-0001

Contact information:

800.643.7976 x14
918.495.6553
fax: 918.495.6959
gradeducation@oru.edu

Honor Code Pledge

In signing the Honor Code Pledge, I fully recognize that Oral Roberts University was founded to be and is committed to being a Christian religious ministry and that it offers a lifestyle of commitment to Jesus Christ of Nazareth as personal Savior and Lord. I further recognize that the University is an integral part of the Ministry's evangelistic outreach. It is therefore my personal commitment to be a person of integrity in my attitude and respect for what Oral Roberts University is in its calling to be a Christian university.

1. **I PLEDGE** to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
2. **I PLEDGE** to grow in my spirit, developing my own relationship with God.
3. **I PLEDGE** to develop my body with sound health habits by completing the required aerobics program and by participating in wholesome physical activities.
4. **I PLEDGE** to cultivate good social relationships and to seek to love others as I love myself. I will not lie; I will not steal; I will not curse; I will not be a talebearer. I will not cheat or plagiarize; I will do my own academic work and will not inappropriately collaborate with other students on assignments.
5. **I PLEDGE** at all times to keep my total being under subjection from all immoral and illegal actions and communications, whether on or off campus. I will not take any illegal drugs or misuse any drugs; I will not engage in or attempt to engage in any illicit, unscriptural sexual acts, which shall include any homosexual activity and sexual intercourse with one who is not my spouse through traditional marriage of one man and one woman. I will not drink alcoholic beverages of any kind; I will not use tobacco; I will not engage in other behavior that is contrary to the rules and regulations listed in the *Student Handbook*.
6. **I PLEDGE** to maintain an integrity of openness to God's claims on my life and to do my utmost to know and follow His will for my life.
7. **I PLEDGE** to attend class, all required chapel services on campus, and my choice of a house of worship wherever God is honored and lifted up.
8. **I PLEDGE** to abide by the rules and regulations that may from time to time be adopted by the University administration. I understand Oral Roberts University is a private school, and I therefore have no vested rights in the governing of the school. I accept my attendance at ORU as a *privilege* and *not* a right and that the University reserves the right to require the withdrawal of a student at any time if in the judgment of the President of the University or the University Discipline Committee such action is deemed necessary to safeguard ORU's ideals of scholarship or its spiritual and moral atmosphere of it as a Christian university.

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire Honor Code and completes a contract between me and Oral Roberts University, which is a prerequisite for matriculation and my continued association with the University. My signed pledge becomes a part of my permanent file. Further, my acceptance of the Honor Code is a solemn vow and promise to God as to how I will live my life.

Signature: _____ Date: _____

Print Full Name: _____

ORU GRADUATE SCHOOL OF EDUCATION

To the Applicant (This recommendation is waived for ORU Alumni)

Please complete and sign the top portion of this page. Have your Cleric fill out the remaining portion and **mail it directly to ORU** at the address listed below. *This may not be completed by a relative.*

Name of Applicant: _____
Last/Family
First/Given Name
Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: ☐ Fall ☐ Spring ☐ Summer Year _____

Primary Area of Interest: Applications are considered for admission into only **one** graduate school and degree program.

☐ Public School Administration ☐ Christian School Administration ☐ College & Higher Education Administration
Elementary/Secondary Schools (PK-12)
Elementary/Secondary Schools (PK-12)
Postsecondary Schools, Colleges & Universities

To the Applicant: I authorize the cleric identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the cleric and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Minister

Please print or type and return this form directly to ORU Graduate School Admissions, 7777 South Lewis Avenue Tulsa, OK 74171-0001.

Each applicant for admission to ORU's Doctor of Education Program must submit a recommendation from his/her spiritual overseer. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her?

- ☐ By name/sight ☐ Fairly well/numerous personal contacts
☐ Casually/few personal contacts ☐ Very close personal relationship

3. To your knowledge, has the applicant made a meaningful personal commitment to Jesus Christ?

- ☐ Yes ☐ No ☐ I do not know

Comments: _____

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.		Excellent	Above Average	Average	Below Average	Not Observed
Christian commitment	genuineness and depth of commitment					
Emotional stability	poise, mood stability					
Empathy	sensitivity to the needs of others					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Judgment	ability to analyze a problem					
Maturity	personal development, ability to cope with life situations					
Personal appearance	cleanliness, grooming					
Reliability	dependability, responsibility					
Social Adaptability	interacts well with others, is respectful					

5. Please share what you consider the applicants strong and weak points, as well as any other information you may have about the applicant that will help in our evaluation. This information could cover recent experiences or incidents in the applicant's life or even a general personality appraisal.

6. To your knowledge, does the applicant smoke, drink, or use illegal drugs? Has the applicant had emotional problems?

7. Is there additional information about the candidate you feel the Admissions Committee should know? Please comment on honesty, integrity, concern for people and general moral character.

On the basis of the above information, the applicant is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with some reservation ☐ Not recommended

Cleric's Name: _____ Name of Church & Denomination _____
(Please print)

Address: _____
Number and Street City State Zip Country

Phone: () _____ Church Phone: () _____ Email Address: _____

Cleric's Signature _____

ACADEMIC/PROFESSIONAL RECOMMENDATION 09

ORU GRADUATE SCHOOL OF EDUCATION

Academic/Professional Recommendation (May not be completed by a relative)

Name of Applicant: _____
Last/Family First/Given Name Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: ☐ Fall ☐ Spring ☐ Summer Year _____

Primary Area of Interest: Applications are considered for admission into only **one** graduate school and degree program.

☐ Public School Administration Elementary/Secondary Schools (PK-12) ☐ Christian School Administration Elementary/Secondary Schools (PK-12) ☐ College & Higher Education Administration Postsecondary Schools, Colleges & Universities

To the Applicant: Three (3) academic recommendation forms from college, master level faculty members are required. If these are not available, you may choose professional educators who can verify your academic readiness for the doctoral program. Professional references may be substituted if you have been out of school for more than five years.

I authorize the professor or professional reference identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the professor or professional reference and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Professor or Professional Reference: Each applicant for ORU's Doctor of Education Program must submit an academic/professional recommendation. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence. **Please complete and return this form directly to:**

ORU Graduate School Admissions

7777 South Lewis Avenue

Tulsa, OK 74171-0001

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. How well do you know him/her?

- ☐ By name/sight ☐ Fairly well/numerous personal contacts
☐ Casually/few personal contacts ☐ Very close personal relationship

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.

Excellent Above Average Average Below Average Not Observed

Academic Ranking	exceeds the standard, strives for higher goals					
Cooperativeness	sensitivity to the needs of others					
Creativity	ability to think outside the box, inspires others					
Emotional stability	poise, mood stability					
Initiative	ability to analyze a problem, takes on the challenge					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Maturity	personal development, ability to cope w/ life situations					
Personal Appearance	cleanliness, grooming					
Social Adaptability	interacts well with others, is respectful					
Written Communication	clarity, coherence					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

6. What personal attributes need further development?

7. What is your opinion of the candidate's ability and qualification to pursue graduate/professional study?

Please comment on overall maturity and emotional/psychological stability.

8. Is there additional information about the candidate that you feel the Admissions Committee should know?

Please comment on honesty, integrity, concern for people and general moral character.

On the basis of the above information, the applicant is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with some reservation ☐ Not recommended

Reference's Name: _____ Position/Title _____
(Please print)

Address: _____
Number and Street City State Zip Country

Phone: () _____ Business Phone: () _____

Email Address: _____ Reference's Signature _____

ACADEMIC/PROFESSIONAL RECOMMENDATION 11

ORAL ROBERTS UNIVERSITY GRADUATE SCHOOL OF EDUCATION

Academic/Professional Recommendation *(May not be completed by a relative)*

Name of Applicant: _____
Last/Family First/Given Name Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: ☐ Fall ☐ Spring ☐ Summer Year _____

Primary Area of Interest: Applications are considered for admission into only **one** graduate school and degree program.

☐ Public School Administration Elementary/Secondary Schools (PK-12) ☐ Christian School Administration Elementary/Secondary Schools (PK-12) ☐ College & Higher Education Administration Postsecondary Schools, Colleges & Universities

To the Applicant: Three (3) academic recommendation forms from college, masters level faculty members are required. If these are not available, you may choose professional educators who can verify your academic readiness for the doctoral program. Professional references may be substituted if you have been out of school for more than five years.

I authorize the professor identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the professor or professional reference and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Professor or Professional Reference: Each applicant for ORU's Doctor of Education Program must submit an academic/professional recommendation. Serious consideration will be given to your comments; therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence. ***Please complete and return this form directly to:***

ORU Graduate School Admissions

7777 South Lewis Avenue

Tulsa, OK 74171-0001

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. How well do you know him/her?

- ☐ By name/sight ☐ Fairly well/numerous personal contacts
☐ Casually/few personal contacts ☐ Very close personal relationship

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.

		Excellent	Above Average	Average	Below Average	Not Observed
Academic Ranking	exceeds the standard, strives for higher goals					
Cooperativeness	sensitivity to the needs of others					
Creativity	ability to think outside the box, inspires others					
Emotional stability	poise, mood stability					
Initiative	ability to analyze a problem, takes on the challenge					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Maturity	personal development, ability to cope w/ life situations					
Personal Appearance	cleanliness, grooming					
Social Adaptability	interacts well with others, is respectful					
Written Communication	clarity, coherence					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

6. What personal attributes need further development?

7. What is your opinion of the candidate's ability and qualification to pursue graduate/professional study?
Please comment on overall maturity and emotional/psychological stability.

8. Is there additional information about the candidate that you feel the Admissions Committee should know?
Please comment on honesty, integrity, concern for people and general moral character.

On the basis of the above information, the applicant is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with some reservation ☐ Not recommended

Reference's Name: _____ Position/Title _____
(Please print)

Address: _____
Number and Street City State Zip Country

Phone: () _____ Business Phone: () _____

Email Address: _____ Reference's Signature _____

ORU GRADUATE SCHOOL OF EDUCATION

Academic/Professional Recommendation *(May not be completed by a relative)*

Name of Applicant: _____
Last/Family First/Given Name Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: ☐ Fall ☐ Spring ☐ Summer Year _____

Primary Area of Interest: Applications are considered for admission into only **one** graduate school and degree program.

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To the Applicant: Three (3) academic recommendation forms from college, masters level faculty members are required. If these are not available, you may choose professional educators who can verify your academic readiness for the doctoral program. Professional references may be substituted if you have been out of school for more than five years.

I authorize the professor identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the professor or professional reference and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

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ORU Graduate School Admissions

7777 South Lewis Avenue

Tulsa, OK 74171-0001

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. How well do you know him/her?

- ☐ By name/sight ☐ Fairly well/numerous personal contacts
☐ Casually/few personal contacts ☐ Very close personal relationship

4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.

Excellent Above Average Average Below Average Not Observed

Academic Ranking	exceeds the standard, strives for higher goals					
Cooperativeness	sensitivity to the needs of others					
Creativity	ability to think outside the box, inspires others					
Emotional stability	poise, mood stability					
Initiative	ability to analyze a problem, takes on the challenge					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Maturity	personal development, ability to cope w/ life situations					
Personal Appearance	cleanliness, grooming					
Social Adaptability	interacts well with others, is respectful					
Written Communication	clarity, coherence					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

6. What personal attributes need further development?

7. What is your opinion of the candidate's ability and qualification to pursue graduate/professional study?

Please comment on overall maturity and emotional/psychological stability.

8. Is there additional information about the candidate that you feel the Admissions Committee should know?

Please comment on honesty, integrity, concern for people and general moral character.

On the basis of the above information, the applicant is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with some reservation ☐ Not recommended

Reference's Name: _____ Position/Title _____
(Please print)

Address: _____
Number and Street City State Zip Country

Phone: () _____ Business Phone: () _____

Email Address: _____ Reference's Signature _____

ORU GRADUATE SCHOOL OF EDUCATION INTERNATIONAL STUDENTS SEEKING F-1 STATUS

United States Department of Homeland Security (DHS) regulations require documentation that sufficient financial resources are available to meet a student's prospective educational and living expenses while in the U.S. Therefore, Oral Roberts University requires a guarantee of financial resources from each applicant who expects to obtain or maintain Student (F-1) status. Applicants are required to submit financial documentation that **equals or exceeds one full year of expense**, for the program of study they are interested in pursuing. Adjustments in the financial certification cannot be adjusted based on a student's individual circumstances. This estimate is based upon 12-18 hours each semester for undergraduate studies or 9 hours each semester for graduate studies. A Certificate of Eligibility (Form I-20) will not be issued until this information is provided. Financial documentation is valid for six months from date of signature on this form and date of bank statement submitted.

Although scholarships are available for qualified international students, they only cover a small portion of tuition and in most cases may not be relied upon to cover all educational costs. Therefore, the Financial Guarantee Form or bank statement should reflect full educational costs for the first year of schooling as required by Federal laws. For more information regarding scholarship opportunities available at ORU, please visit www.oru.edu/finaid.

APPLICANT'S CERTIFICATION

(Please print)

Applicant's Name: _____
Last/Family Name
First/Given Name
Middle Name

Expected enrollment date: ☐ Fall ☐ Spring ☐ Summer _____ (Year)

I guarantee that I will have sufficient funds available to meet the estimated educational expenses for each year that I study at ORU. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will have adequate funds for my travel to and from the United States. I understand that tuition is payable at the beginning of each semester. These funds of \$ _____ per year will be provided by (check one):

☐ my family ☐ my own savings ☐ Other (specify) _____

If you are married and your spouse and/or children will accompany you to the U.S., please provide the following information for each individual. Additional funds must be added to the financial guarantee form to support your dependants amounting to \$6,000 for a spouse and \$4,000 for each child.

Last, First Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

Signature of Applicant _____ **Date** _____

SEVIS TRANSFER REQUEST 17

FOR INTERNATIONAL STUDENTS ONLY

This form is only for students transferring to ORU from another U.S. school in F-1 Status

STUDENT: You are required to obtain a SEVIS release prior to acceptance to Oral Roberts University. Please take this form to the International Office at the University/College you are currently attending to be completed.

Name (As seen on current Form I-20) Signature Date

I plan to start ORU in: ☐ Fall ☐ Spring ☐ Summer _____ (Year)

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

Please fax this completed page to us as soon as possible:

The above student is seeking admission to Oral Roberts University. Immigration regulations require confirmation that he/she has been pursuing a full course of study at your institution.

Last semester enrolled at your institution: _____

_____ is in valid F-1 status ☐ Yes ☐ No
(Student's Name)

If no, and the student is out of status:

☐ A reinstatement to student status is pending. (Copies of documents filed to CIS are enclosed.)

☐ Student has been advised that a reinstatement will be required upon enrollment at the new school.

In addition, we need the **date** you would transfer SEVIS to ORU. We only need the date to proceed with the admissions process for this student. No SEVIS transfer is necessary until the date chosen. (Please do not wait to fax **this** page until the SEVIS transfer date.)

Transfer release **date** in SEVIS _____

Please list all previously authorized periods of Curricular or Optional Practical Training.

I CERTIFY THAT THE PRECEDING INFORMATION IS CORRECT:

Name and Title of DSO Signature

Name of Institution Address of Institution

Office Phone Number Date

Oral Roberts University
Office of Graduate Admissions
ATTN: International Coordinator
7777 South Lewis Avenue
Tulsa, OK 74171-0001

phone: 918.495.6488
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