



Dear Prospective Student:

Thank you for your interest in Graduate Studies at Coppin State University. We are available to assist you in completing the enrollment process.

The following information is required to complete the application process:

- Official copies of all college/university work
- Three letters of professional reference
- Resume
- Statement of Purpose
- Evidence of in-state residency such as:
  - \_\_\_ Certified Maryland state income tax return form 502
  - \_\_\_ Copy of Maryland driver's license
  - \_\_\_ (Other evidence of in-state residency)
- Official GRE scores (no older than 5 years): Required for Master of Education in Curriculum & Instruction
- Official Praxis scores: Required for Master of Education in Curriculum & Instruction, Master of Arts in Teaching, Special Education
- Completed, signed admissions application
- Non-refundable \$50.00 application fee

Under defined conditions, students may be granted conditional admit status if the GRE or Praxis requirement is not met at the time of admission. However, it is important that you submit the required documents as soon as possible to expedite full application review. The deadlines for the submission of all documents are **May 15** for the Fall semester and **October 15** for the Spring semester. The deadline for submission of a full application for the **Doctor of Nursing Practice** program is **July 15**. See application for additional requirements for the **Doctor of Nursing Practice** program.

**Please note:** Applications are accepted throughout the year; however, late applications may not be processed in time for degree-seeking status in the desired semester. You may contact us for further information: 410-951-3090 (phone) or via [GraduateStudies@coppin.edu](mailto:GraduateStudies@coppin.edu) (email). We can also be found on Facebook at [www.facebook.com/CSUGraduateStudies](http://www.facebook.com/CSUGraduateStudies).

We are honored that you have chosen Graduate Studies at Coppin State University to prepare for the achievement of academic and professional goals.

Sincerely,

Mary E. Owens-Southall, Ph.D.  
Dean, School of Graduate Studies



### GRADUATE ADMISSION

Send all documents and \$50.00 application fee to:

Office of Graduate Admissions  
Coppin State University  
2500 West North Avenue  
Baltimore, MD 21216  
Phone: 410-951-3090 Fax: 410-951-3022  
Website: [www.coppin.edu](http://www.coppin.edu)  
Email: [GraduateStudies@coppin.edu](mailto:GraduateStudies@coppin.edu)

### BIO-DEMO DATA

1. P.S. #: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_
2. Name: \_\_\_\_\_  
(Last, First, Middle)
3. Previous name under which your academic record may be filed: \_\_\_\_\_  
(Last, First, Middle)
4. Mailing Address: \_\_\_\_\_  
(Street; City, State ZIP Code)
5. E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_ Phone (Work): \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_ Marital Status:  Single  Married Sex:  Male  Female  
(Month/Day/Year)
8. Ethnic Origin:  Black or African-American  Native American  Asian  Hispanic  White  Foreign
9. Are you a U.S. Citizen?  Yes  No If no, country of citizenship: \_\_\_\_\_  
Country of birth: \_\_\_\_\_
10. Non U.S. Citizen Only:
  - A. Are you currently residing in the U.S.?  Yes  No
  - B. Native Language: \_\_\_\_\_
  - C. If residing in the U.S., indicate date you arrived: \_\_\_\_\_, and check the type of VISA you currently hold:  
 Permanent Resident/Immigrant Alien (Registration Number A): \_\_\_\_\_  
 Non-Immigrant F-I Student VISA (SEVIS Admissions Number): \_\_\_\_\_  
 Other classification (please specify type: i.e. refugee, visitor, diplomat, spouse of student, etc.): \_\_\_\_\_
  - VISA Issue Date: \_\_\_\_\_ VISA Expiration Date: \_\_\_\_\_
  - D. Have you taken the Test of English as a Foreign Language (TOEFL)  Yes  No  
If yes, give date: \_\_\_\_\_, and give score: \_\_\_\_\_
11. Is Maryland your legal state of residence?  Yes  No  
IF YES, HOW LONG HAVE YOU RESIDED IN MARYLAND? \_\_\_\_\_  
In what Maryland County do you reside? \_\_\_\_\_
12. Person to contact in case of emergency:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

13. Academic Record (list in chronological order ALL colleges and universities attended)

Submit and official transcript for all colleges attended

Name of School	Location	Attendance From - To	Date of Graduation	Degree	Major Program

14. Indicate proposed degree:

- |  |   |
|--|---|
| <input type="checkbox"/> Doctor of Nursing Practice  | <input type="checkbox"/> Master of Science in Addictions Counseling                                   |
| <input type="checkbox"/> Master of Arts in Teaching  | <input type="checkbox"/> Master of Science in Adult and Continuing Education                          |
| <input type="checkbox"/> Master of Education in Contemporary Educational Leadership                      | <input type="checkbox"/> Master of Science in Criminal Justice and Law Enforcement                    |
| <input type="checkbox"/> Master of Education in Curriculum and Instruction                               | <input type="checkbox"/> Master of Science in Human Services Administration (Coppin/UB Collaborative) |
| <input type="checkbox"/> Master of Education in Curriculum and Instruction (Distance Learning Education) | <input type="checkbox"/> Master of Science in Nursing   |
| <input type="checkbox"/> Master of Education in Rehabilitation Counseling                                | <input type="checkbox"/> Master of Science in Reading (inactive)                                      |
| <input type="checkbox"/> Master of Education in Special Education  |   |

15. Post Baccalaureate (PB) or Post Masters (PM) Certificate:

- |  |  |
|--|--|
| <input type="checkbox"/> Post Baccalaureate Assistive Technology (RC)                  | <input type="checkbox"/> Post Master's Counseling Licensure          |
| <input type="checkbox"/> Post Baccalaureate Forensic Rehabilitation Counseling         | <input type="checkbox"/> Post Master's in Family Nurse Practitioner  |
| <input type="checkbox"/> Post Baccalaureate Investigative Science                      | <input type="checkbox"/> Post Master's Public School Administrator I |
| <input type="checkbox"/> Post Baccalaureate Job Development and Job Placement Services |  |
| <input type="checkbox"/> Post Baccalaureate Policing Strategies                        |  |
| <input type="checkbox"/> Post Baccalaureate Vocational Evaluation and Work Adjustment  |  |

16. Semester of Enrollment: Fall Semester 20\_\_\_\_ Spring Semester 20\_\_\_\_ Summer Semester 20\_\_\_\_

17. Indicate the graduate status you are seeking:  Graduate Degree  Certificate

18. Indicate if you have taken, or are planning to take, any of the following tests typically required of graduate programs (Doctor of Nursing applicants, please see last page)

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Graduate Record Examination | Date taken: _____ |
| <input type="checkbox"/> Miller Analogies Test       | Date taken: _____ |
| <input type="checkbox"/> PRAXIS I and II             | Date taken: _____ |
| <input type="checkbox"/> Other: _____                | Date taken: _____ |

19. If you are applying for degree status you should list three persons who can evaluate your qualifications for pursuing graduate study. You should include a former professor and an employer or supervisor. Enclosed recommendation forms are to be sent by you to the persons you list below:

Name	Address	Position

20. Have you ever been convicted of a crime, other than a minor traffic violation, for which the charges have not been expunged or pardoned?  Yes  No (If yes, please explain): \_\_\_\_\_

I, \_\_\_\_\_, solemnly affirm that the information given in this application is true and correct to the best of my knowledge. I also understand that making any fraudulent statement will make my admission null and void.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Make the check or money order for application fee payable to Coppin State University. Have transcripts sent directly to the School of Graduate Studies, Coppin State University, 2500 West North Avenue, Baltimore, MD 21216.

-----  
THIS SPACE FOR USE BY ADMISSIONS

Action Taken \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENCY CLASSIFICATION INFORMATION**

Are you a legal resident of Maryland?

- Yes. If yes, print County of residence or Baltimore City below.  
\_\_\_\_\_
- No. If no, print your State of residence below and skip to Section IV.  
\_\_\_\_\_

All applicants for admission who are claiming Maryland residency for tuition purposes must complete the **Residency Information** section if you wish to be considered for Maryland in-state tuition. You must answer every question. The University reserves the right to request additional information if necessary and to adjust charges should circumstances warrant. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event that students are misclassified, the University reserves the right to bill at the out-of-state rate for the current and subsequent semesters.

**RESIDENCY INFORMATION** (Maryland Residents must complete the section below)

Do you wish to be considered for in-state tuition status?  Yes  No (If yes, you must complete this section of the application.)

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, AND GO TO ITEM 10 on the back of this page.

- I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or am financially dependent upon a parent or legal guardian who is, a regular employee of the University System of Maryland.  
Please indicate relationship: \_\_\_\_\_  
Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.
- I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person. Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military \_\_\_\_\_.
- I am a veteran of the United States Armed Forces who resides in Maryland and received an honorable discharge. Please attach proof of honorable discharge.
- I am a veteran of the U.S. Armed Forces residing in Maryland. Please submit a copy of your DD214. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.
- I am the spouse or child of a veteran of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. § 3311(b)(9) or 3319) and living in Maryland. Please submit a copy of the veteran's DD214 and a copy of your Certificate of Eligibility.
- I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THE FOLLOWING QUESTIONS. Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:

- I am financially independent. I provide 50% or more of my own living and educational expenses and I have not been claimed as a dependent on another person's most recent income tax returns.
- I am financially dependent on another person who has claimed me as a dependent on his/her most recent income tax returns, or I am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to item 10.  
Name of person upon whom dependent and relationship to applicant: \_\_\_\_\_
  - a. How long have you been dependent upon this person?  
\_\_\_\_\_
  - b. Is the person a resident of Maryland?  Yes  No  
Address of this person:  
\_\_\_\_\_
  - c. Has this person claimed you as a dependent on their most recent tax returns?  Yes  No
  - d. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland?  
 Yes  No
  - i. If a Maryland tax return has not been filed within the last 12 months, state reason(s): \_\_\_\_\_
  - e. Signature of this person:  
\_\_\_\_\_

The Student Applicant is responsible for completing items 1 - 10.

1. Permanent address:

Length of time at permanent address \_\_\_\_\_ years \_\_\_\_\_ months

If less than 12 months, provide previous address:

Length of time at previous address \_\_\_\_\_ years \_\_\_\_\_ months

2. Did you move to Maryland primarily to attend an educational institution?

Yes  No

3. Are all, or substantially all of your possessions in Maryland?

Yes  No

4. Do you possess a valid driver's license?

Yes  No

a. If yes, in what state? \_\_\_\_\_

b. If Maryland, initial date of issue \_\_\_\_\_ and if applicable, renewal date \_\_\_\_\_.

c. Have you possessed a driver's license in a state other than Maryland within the last 12 months?  Yes  No

5. Do you own any motor vehicles?

Yes  No

a. If yes, in what state(s)? \_\_\_\_\_

b. If Maryland, initial date(s) of registration \_\_\_\_\_ and if applicable, renewal date(s) \_\_\_\_\_.

c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months?  Yes  No

6. Are you registered to vote?

Yes  No

a. If yes, in what state? \_\_\_\_\_

7. Have you filed a Maryland state income tax return for the most recent year?

Yes  No

If a Maryland tax return has not been filed within the last 12 months, state reason(s):

8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.

Yes  No

9. Do you receive any public assistance from a state or local agency other than one in Maryland?

Yes  No

a. If yes, please indicate type and issuing state:

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

10. \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**RESIDENCY DECISION (Office Use Only):**

INITIALS:  DATE:

RM

NM



Letter of Recommendation to Supplement Application for Admission

**THIS SECTION TO BE COMPLETED BY APPLICANT BEFORE FORM IS GIVEN TO WRITER OF RECOMMENDATION.**

Name of applicant: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Degree Sought: \_\_\_\_\_ Dept.: \_\_\_\_\_ Major/Specialization: \_\_\_\_\_

**I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential.**

Notice about confidentiality: Public Law 93-390, the Family Education Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Coppin State University. To ensure confidentiality of information within the spirit of the law, Coppin will use this form for the purpose of admission only. The professional reference and any other subjective supplemental statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Coppin. Your comments are valuable. The appraisals of the applicant will greatly assist the Admissions Committee in reaching a decision in his/her best interest.

\_\_\_\_\_  
Original signature of applicant (photocopied signature not acceptable)

Please rate the applicant. Compare with others of like experience and position. Recommendation letters are accepted and must accompany this form.

*Public Law 93-390 permits the student to inspect this recommendation if the above waiver is not signed.*

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Intellectual achievement						
General knowledge						
Oral communication skills						
Written communication skills						
Working with others						
Emotional maturity						
Imagination/creativity						

Context in which I have known applicant: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

(As instructor, advisor, supervisor, etc.)

General assessment of overall academic activity. Of the approximately \_\_\_\_\_ persons at a complete educational or professional level that I have known in recent years, I would rate this applicant in the upper \_\_\_\_\_ percent. **PLEASE NOTE: The individual completing the statement below must include the requested information, or provide a letter of reference (on letterhead) and an original signature. In addition, please write a statement below indicating your opinion of the applicant's ability to pursue advanced studies and achieve professional success in the field desired. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Use reverse side if necessary.**

Name: \_\_\_\_\_

Original Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Application and/or Forms to:**

Coppin State University: School of Graduate Studies; 2500 West North Avenue; Baltimore, MD 21216



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Name: \_\_\_\_\_

Original Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Return Application and/or Forms to:

Coppin State University: School of Graduate Studies; 2500 West North Avenue; Baltimore, MD 21216



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Name: \_\_\_\_\_

Original Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Application and/or Forms to:**

Coppin State University: School of Graduate Studies; 2500 West North Avenue; Baltimore, MD 21216





### Statement of Purpose

Instructions: Include your name, date, and program of interest at the top of the page. The *Statement of Purpose* must be typed and should not exceed three single-spaced pages in which the following items are discussed:

1. Background information. Briefly discuss relevant employment (responsibilities, positions, etc.) and previous education achievements.
2. Academic and career goals: What are your immediate goals? Long-term goals?
3. Research experiences. Briefly discuss any experiences that are related to your proposed program of study.
4. Work experiences. Discuss relevant experiences that have shaped your academic and career goals.
5. Why Coppin State University? Why did you select graduate studies at Coppin State University?

#### Please note: Doctor of Nursing Practice Applicants

**1. Must submit evidence:**

A. State of RN Licensure: \_\_\_\_\_

B. Expiration date of RN License: \_\_\_\_\_

**2. Indicate which test/examination you have taken for National Certification:**

National Certification Examination

Exam Name: \_\_\_\_\_

Date Taken: \_\_\_\_\_

**ALL APPLICANTS: Please review application carefully for accuracy and completion of information. Sign and date on page 2 where indicated.**

**Send all documents and \$50.00 application fee to:**

**Coppin State University  
School of Graduate Studies  
2500 West North Avenue  
Baltimore, MD 21216**



**COPPIN**  
STATE UNIVERSITY

EST. 1900

**School of Graduate Studies**  
2500 West North Ave., Baltimore, MD 21216  
Phone (410) 951-3090 | Fax (410) 951-3022

Dr. Mary E. Owens-Southall, Dean, Graduate School.....  
Ms. Kimberly Maybin, Executive Administrative Assistant.....  
Mr. Kevin Carr, Program & Enrollment Specialist.....

(410) 951-3090 GHJ 430  
(410) 951-3094 GHJ 432  
(410) 951-3053 GHJ 434

**Graduate Program Coordinators**

<b>PROGRAM</b>	<b>LOCATION</b>	<b>CONTACT PERSON</b>	<b>PHONE</b>	<b>EMAIL</b>
Master of Science in Addictions Counseling (ADDT)	HHSB, 3 <sup>RD</sup> FL., Rm. 338	Dr. David Graham, Coordinator <i>Cheryl Gross – Assistant, ext. 3513</i>	410-951-3097	<a href="mailto:dgraham@coppin.edu">dgraham@coppin.edu</a>
Master of Science in Adult and Continuing Education (ADLT)	GHJ, 7 <sup>TH</sup> FL., Rm. 704	Dr. Jacqueline Williams, Chairperson <i>Victoria Johnson – Assistant, ext. 3028</i>	410-951-6481	<a href="mailto:jwilliams@coppin.edu">jwilliams@coppin.edu</a>
Master of Education in Contemporary Educational Leadership (MCEL)	GHJ, 7 <sup>TH</sup> FL., Rm. 704	Dr. Jacqueline Williams, Chairperson <i>Victoria Johnson – Assistant, ext. 3028</i>	410-951-6481	<a href="mailto:jwilliams@coppin.edu">jwilliams@coppin.edu</a>
Master of Science in Criminal Justice and Law Enforcement (CRJU)	HHSB, 5 <sup>TH</sup> FL., Rm. 532	Dr. Michael Berlin, Coordinator <i>Carrolyn Robertson – Assistant, ext. 3044</i>	410-951-3046	<a href="mailto:mberlin@coppin.edu">mberlin@coppin.edu</a>
Master of Education in Curriculum & Instruction (CUIN)	GHJ, 7 <sup>TH</sup> FL., Rm. 704	Dr. Jacqueline Williams, Chairperson <i>Victoria Johnson – Assistant, ext. 3028</i>	410-951-6481	<a href="mailto:jwilliams@coppin.edu">jwilliams@coppin.edu</a>
Doctor of Nursing Practice (DNP)	HHSB, 4 <sup>TH</sup> FL., Rm. 431	Dr. Joan Tilghman, Chairperson <i>Shirley Means – Assistant, ext. 6208</i>	410-951-3975	<a href="mailto:jtighman@coppin.edu">jtighman@coppin.edu</a>
Master of Science in Human Services Administration (HSAD)	HHSB, 5 <sup>TH</sup> FL., Rm. 537	Dr. John Huddgins, Coordinator <i>Tijuana Johnson – Assistant, ext. 3539</i>	410-951-3528	<a href="mailto:jhuddgins@coppin.edu">jhuddgins@coppin.edu</a>
Master of Arts in Teaching (MAT)	GHJ, 7 <sup>TH</sup> FL., Rm. 730	Dr. Juanita Ashby-Bey, Chairperson <i>Karen Lewis – Assistant, ext. 3085</i>	410-951-3552	<a href="mailto:jashby-bey@coppin.edu">jashby-bey@coppin.edu</a>
Master of Science in Nursing (MSN)	HHSB, 1 <sup>ST</sup> FL., Rm. 133	Dr. Robin Reese, Chairperson <i>Shirley Carr – Assistant, ext. 3962</i>	410-951-3970	<a href="mailto:rreese@coppin.edu">rreese@coppin.edu</a>
Master of Education in Rehabilitation Counseling (REHB)	HHSB, 2 <sup>ND</sup> FL., Rm. 223	Dr. Janet Spry, Coordinator <i>Cheryl Gross – Assistant, ext. 3513</i>	410-951-3514	<a href="mailto:jspry@coppin.edu">jspry@coppin.edu</a>
Master of Education in Special Education (SPED)	GHJ, 7 <sup>TH</sup> FL., Rm. 730	Dr. Juanita Ashby-Bey, Chairperson <i>Karen Lewis – Assistant, ext. 3085</i>	410-951-3552	<a href="mailto:jashby-bey@coppin.edu">jashby-bey@coppin.edu</a>

ADMISSIONS OFFICE.....	410-951-3600
CONTROLLER'S OFFICE.....	410-951-3677
FINANCIAL AID OFFICE.....	410-951-3636
REGISTRAR'S OFFICE.....	410-951-3700
HOUSING/RESIDENCE LIFE.....	410-951-6399
STUDENT HELP DESK.....	410-951-3872



**FALL 2019 & SPRING 2020**  
*(PER SEMESTER COST)*

**FEES: PER CREDIT HOUR CHARGE**

Athletic (per credit hour)	\$41.00	Assessment Technology Exam Fee	TBA
Student Activity -flat fee	\$23.50	CHP Course Related Fees	TBA
Technology-flat fee	\$42.00		
College Center-flat fee	\$69.50		
Auxiliary Construction (per credit hour)	\$32.00		

**GRADUATE**

Maryland Resident						Non-MD Resident						
\$344						\$633						
Credits	Tuition	Flat Fees	Auxiliary Constr	Athletic Fees	Total Charges	*	Credits	Tuition	Flat Fees	Auxiliary Constr	Athletic Fees	Total Charges
1	344	135	32	41	552.00	*	1	633	135	32	41	841.00
2	688	135	64	82	969.00	*	2	1266	135	64	82	1,547.00
3	1032	135	96	123	1,386.00	*	3	1899	135	96	123	2,253.00
4	1376	135	128	164	1,803.00	*	4	2532	135	128	164	2,959.00
5	1720	135	160	205	2,220.00	*	5	3165	135	160	205	3,665.00
6	2064	135	192	246	2,637.00	*	6	3798	135	192	246	4,371.00
7	2408	135	224	287	3,054.00	*	7	4431	135	224	287	5,077.00
8	2752	135	256	328	3,471.00	*	8	5064	135	256	328	5,783.00
9	3096	135	288	369	3,888.00	*	9	5697	135	288	369	6,489.00
10	3440	135	320	410	4,305.00	*	10	6330	135	320	410	7,195.00
11	3784	135	352	451	4,722.00	*	11	6963	135	352	451	7,901.00
12	4128	135	384	492	5,139.00	*	12	7596	135	384	492	8,607.00

**DOCTORATE (NURSING PRACTITIONER PROGRAM ONLY)**

Maryland Resident						Non-MD Resident						
\$685						\$1,053						
Credits	Tuition	Flat Fees	Auxiliary Constr	Athletic Fees	Total Charges	*	Credits	Tuition	Flat Fees	Auxiliary Constr	Athletic Fees	Total Charges
1	685	135	32	41	893.00	*	1	1053	135	32	41	1,261.00
2	1370	135	64	82	1,651.00	*	2	2106	135	64	82	2,387.00
3	2055	135	96	123	2,409.00	*	3	3159	135	96	123	3,513.00
4	2740	135	128	164	3,167.00	*	4	4212	135	128	164	4,639.00
5	3425	135	160	205	3,925.00	*	5	5265	135	160	205	5,765.00
6	4110	135	192	246	4,683.00	*	6	6318	135	192	246	6,891.00
7	4795	135	224	287	5,441.00	*	7	7371	135	224	287	8,017.00
8	5480	135	256	328	6,199.00	*	8	8424	135	256	328	9,143.00
9	6165	135	288	369	6,957.00	*	9	9477	135	288	369	10,269.00
10	6850	135	320	410	7,715.00	*	10	10530	135	320	410	11,395.00
11	7535	135	352	451	8,473.00	*	11	11583	135	352	451	12,521.00
12	8220	135	384	492	9,231.00	*	12	12636	135	384	492	13,647.00

The 2019-2020 rates have been approved by state legislation and the University System of Maryland Board of Regents.

"Coppin State University reserves the right to adjust tuition, fees and other charges when deemed necessary, without notice, per the institution and the University System of Maryland's Board of Regents."