TO: Graduate Studies Committee; Associate Dean Mary Howard-Hamilton  
FROM: Deborah Faye Carter  
SUBJECT: HESA Doctoral Admissions Policy Change  
DATE: March 9, 2004

The HESA program is proposing that we change the doctoral program application deadlines. We would like to do this for two reasons: 1) to help manage our doctoral incoming class; and 2) to better ensure that all doctoral students have appropriate advising and faculty contact as they move through their program of studies.

Here is a summary of the changes we would like to implement:

1. We give clear priority to students who apply by January 15<sup>th</sup> to the doctoral program and set March 1<sup>st</sup> as our deadline for admitting students for the Fall term.

2. After this date, we will only accept students for Fall admission to the program in consideration of special personal circumstances. We will only accept students for Spring or Summer term admission if we have space and in consideration of personal circumstances.

It is important to note that exceptions will be granted on a case-by-case basis for students who may need to start in Spring or Summer due to other commitments. We would like to note that we would like a firm deadline for admission, and prefer to evaluate all candidates at once for admission. However, we do want to maintain some flexibility in the unusual circumstance that we may need to admit someone later than the deadline or for the Spring or Summer term.

We recommend these changes for a variety of reasons. First, our organization of resources is such that we have a clear orientation and advising process for students who start in the Fall. If we frequently have students start the program in another term, I fear they may lose an important part of the doctoral student experience and may miss out on vital information.

Second, in order to better manage our enrollments at IUB and IUPUI, I believe that having one 2-month period of admissions folder review will best help us select a strong class and help keep our doctoral enrollments (and PMCIR enrollments) to an optimal level.