CNR Wisdom for life.
The College of New Rochelle

APPLICATION FOR GRADUATE ADMISSION

ENROLLMENT INFORMATION *(Please note this information is required of all applicants)*

For which academic year are you seeking enrollment? _____ **Semester?** [ ] Fall [ ] Winter/Intersession
Will you be a: [ ] Full-time student [ ] Part-time student? [ ] Spring [ ] Summer

PERSONAL INFORMATION: PLEASE PRINT OR TYPE CLEARLY AND PROVIDE ALL REQUESTED INFORMATION

Social Security # _____ **Date of Birth:**_____ **Gender:** [ ] Male [ ] Female
Application cannot be processed without a complete # (mm/dd/year)

Preferred Salutation: [ ] Ms. [ ] Mrs. [ ] Mr. **Marital Status:** [ ] Single [ ] Married

Name: _____
(Last Name) (First Name) (Middle) (Other- such as Maiden Name)

Address: _____
(Street) (City) (Apartment Unit)

_____ _____ **E-mail:** _____
(State) (Zip)

Telephone: **Home** (_____) _____ **Work** (_____) _____ **Cell** (_____) _____

CITIZENSHIP INFORMATION: *Citizenship/immigration status information is necessary to determine eligibility for enrollment at U.S. institutions. Please indicate your status.* **Check one:** [ ] U.S. Citizen

[ ] Resident Alien/Permanent Resident No. _____ Country of Citizenship:_____

[ ] Non-Resident Alien/Type of Visa you hold _____ Country of Citizenship: _____

Are you a veteran? [ ] Yes [ ] No

RACE AND ETHNICITY: *Information collected regarding race, ethnicity is optional and used for reporting purposes only. This information will have no bearing upon admissions decisions.*

Are you Hispanic or Latino? (*Hispanic is defined as any person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)* [ ] Yes [ ] No

Please indicate whether you identify with any of the racial categories below:
[ ] White [ ] Black/African American [ ] American Indian/Alaskan [ ] Hawaiian/Pacific Islander [ ] Asian
[ ] More than one Race [ ] Decline to Answer

SUPPLEMENTAL INFORMATION *(Please note this information is required of all applicants)*

Financial Aid: *To be eligible for full-time financial aid benefits, you must enroll for a minimum of six graduate credits (two classes) per semester. Non-degree, non-matriculated and/or international program applicants are not eligible for financial aid.* **Are you applying for federal or state financial aid?** [ ] Yes [ ] No

Employment Information:

Current Employer: _____ **Position:** _____

Address: _____ **City and State:** _____

Number of years at current employer: _____ **Does your employer offer educational benefits**? [ ] Yes [ ] No

Previous Employer: _____ **Position:** _____

Address: _____ **City and State:** _____

Number of years at previous employer: _____

Conviction Information: *Previous misdemeanor or felony convictions do not automatically preclude admission to The College of New Rochelle, but may require submission of the offence (s).*

Have you ever been convicted of a felony or misdemeanor? [ ] No [ ] Yes
If yes, please provide details on back of page and answer the following:

Court of jurisdiction _____ **Location of Conviction** _____

EDUCATIONAL PLANS *(Please note this information is required from all applicants)*

Area of Study: *To be admitted to the Graduate School with or without intending to obtain a degree or certificate (a non-matriculated student), or to complete a specified program, the Graduate School requires the submission of a completed application form and proof that the student holds a bachelor's degree from an accredited Institution.*

Please select the Division and program to which you are applying:

[ ] Art and Communication Studies: *(only one program per application)*

Master's Programs: [ ] Art Therapy [ ] Art Therapy/Counseling [ ] Communication Studies [ ] Studio Art

Certificate Programs: [ ] Communication Studies

*Please note that as an **Art Therapy/Counseling, Art Therapy or Studio Art applicant**, your application will not be considered complete until we have received the following items. Please check the boxes to indicate your intention to submit each item.*
[ ] Call 914-654-5309 to schedule an interview [ ] Submit your portfolio for review

[ ] Human Services: *(only one program per application)*

Master's Degree Programs: : [ ] Career Development [ ] Gerontology [ ] Guidance & Counseling

[ ] Mental Health Counseling [ ]School Psychology [ ] Master in Public Administration

[ ] Master in Public Administration with concentration in Long Term Care

[ ] Marriage and Family Therapy

Certificate Programs: [ ] Career Development [ ] Guidance & Counseling

[ ] Long Term Care Administration [ ] Thanatology (Grief Counseling)

*Please note that as a **Mental Health Counseling or School Psychology** applicant, your application will not be considered complete until you do the following: (Please check box to indicate your intention)* [ ] Call 914-654-5309 to schedule an interview

[ ] Nursing: *(only one program per application)*

Master's Degree Programs: [ ] Family Nurse Practitioner [ ] Clinical Nurse Specialist in Holistic Nursing
[ ] Nursing Health Care Management [ ] Nursing Education

[ ] RN-BSN-MS (Nursing): *(only one program per application)*

Master's Degree Programs: [ ] Family Nurse Practitioner [ ] Clinical Nurse Specialist in Holistic Nursing
[ ] Nursing Health Care Management [ ] Nursing Education

Please indicate whether or not you have the following items:
Do you hold an RN license? [ ] Yes [ ] No Do you have current Malpractice Insurance? [ ] Yes [ ] No

Do you have documentation of your Health Clearance? [ ] Yes [ ] No

Do you have documentation of Basic Health Assessment courses for all Clinical Tracks? [ ] Yes [ ] No

[ ] Education: *(only one program per application)*

Initial Certification

[ ] *Art Education - K-12 - (MA) Initial Certification*
[ ] *Early Childhood Education (Birth - Grade 2) (Master of Science in Education) Initial Certification*
[ ] *Childhood Education (Grades 1 - 6) (Master of Science in Education) Initial Certification*

Advanced Certificate

[ ] *Bilingual Education for General Education Teachers: ITI (Advanced Certificate)*
[ ] *Bilingual Education for Pupil Personnel Services: ITI (Advanced Certificate)*
[ ] *Bilingual Education for Special Education Teachers: ITI (Advanced Certificate)*

Professional Certification

[ ] *Art Education - K-12 - (MA) Professional Certification*
[ ] *Childhood Education (Grades 1 - 6) (Master of Science in Education) Professional Certification*
[ ] *Childhood Special Education (Grades 1 - 6) (Master of Science in Education) Professional Certification*
[ ] *Early Childhood Education (Birth - Grade 2) (Master of Science in Education) Professional Certification*
[ ] *Early Childhood Special Education (Birth - grade 2) (Master of Science in Education) Professional Certification*
[ ] *Gifted Education (Master of Science in Education) Professional Certification*
[ ] *Literacy Education (Birth- Grade 6) (Master of Science in Education) Professional Certification*
[ ] *Literacy Education (Dual Certification Birth-Grade 6 & 5-12) (Master of Science in Education) Professional Certification*
[ ] *Literacy Education (Grades 5-12) (Master of Science in Education) Professional Certification*
[ ] *School District Leader (Master of Science) Professional Certification*
[ ] *School District Leadership - Transitional D (Advanced Diploma) Professional Certification*
[ ] *School District Leadership (Advanced Diploma) Professional Certification*

Initial/Professional Certification

[ ] *Alternative Certification: Childhood Education and Childhood Special Education (Transitional B) (Master of Science in Education) Initial/Professional Certification*
[ ] *Alternative Certification: Early Childhood Education and Early Childhood Special Education (Transitional B) (Master of Science in Education) Initial/Professional Certification*
[ ] *Childhood Education and Childhood Special Education: Dual Certification (Master of Science in Education) Initial/Professional Certification*
[ ] *Early Childhood Education and Early Childhood Special Education: Dual Certification (Master of Science in Education) Initial/Professional Certification*
[ ] *TESOL leading to (Master of Science in Education) Initial/Professional*
[ ] *School Building Leader (Advanced Certificate) Initial/Professional Certification*
[ ] *School Building Leader (Master of Science) Initial/Professional Certification*
[ ] *School Building Leader and School District Leader: Dual Certification (Master of Science) Initial/Professional Certification*

Non Matriculated

[ ] *Education (Non Matriculated)*
[ ] *Literacy Education (Non Matriculated)*
[ ] *Masters of Science in Education in Literacy Education (Non Matriculated)*
[ ] *TESOL leading to (Non Matriculated)*
[ ] *School Building & School District Leader (Non Matriculated)*
[ ] *School Building Leader (Non Matriculated)*
[ ] *School District Leader (Non Matriculated)*

Certification Extension

[ ] *Bilingual Extension for Library Media Tech Specialists*
[ ] *Bilingual Extension for Pupil Personnel Services and Administrative/Supervisory Personnel*
[ ] *Bilingual Extension for Teachers*
[ ] *Gifted Education (Advanced Certificate) leading to extension*
[ ] *TESOL for General Education Teachers (Advanced Certificate)*
[ ] *TESOL for General Education Teachers: ITI (Advanced Certificate)*

[ ] *TESOL for Special Education Teachers (Advanced Certificate)*
[ ] *TESOL for Special Education Teachers: ITI (Advanced Certificate)*

Certification/License (If applicable): Check the ***New York State*** certification/license you currently hold. Please attach a photocopy of license.

License Type: [ ] Perm./Prof. [ ] Prov./Initial Date Issued: _____

Licencse: [ ] Birth-Gr. 2 [ ] Gr. 1-6 [ ] Gr. 7-12 [ ] Special Ed [ ] Special Subject [ ] New York City Certification
[ ] Other _____

If applying as part of a Co-Sponsored Education program, please provide the name of the partnership and/or site the partnership site:
_____

Art Education applicant: Your application will not be considered complete until: (*Please check boxes to indicate your intention to call and submit each item*) [ ] Call 914- 654-5262 to schedule an interview [ ] Submit your portfolio for review

Bilingual Extension applicant: Your application will not be considered complete until we have received the following items: (*Please check boxes to indicate your intention to submit each item*) [ ] Certification [ ] Submit Proof of Bilingual Education Assessment (BEA)

Multilingual/Multicultural Education /TESOL applicant: Your application will not be considered complete until: (*Please check box to indicate your intention to fulfill requirement)* [ ] You are required to have 12 Foreign Language Credits

School District Leader and School Builder Leader applicant: Your application will not be considered complete until we have received the following items: *(Please check boxes to indicate your intention to submit each item)*
[ ] Certification [ ] Submit a letter from the school district which you are currently employed by

COLLEGE/UNIVERSITY HISTORY *Please provide information regarding **all previously attended** colleges/ universities/ postsecondary institutions at which you have enrolled regardless of whether credit was earned. Be sure to include any college attended under a dual enrollment program during high school.* **Transcripts** from ***all previously attended*** *colleges/universities/postsecondary institutions at which you have enrolled regardless of whether credit was earned. Be sure to include any college attended under a dual enrollment program during high school. Official copies of transcripts/mark sheets **must be submitted directly from each** issuing institution previously attended.*

College/University 1 _____

Start Date _____ **End Date** _____
(MM/YYYY) *Anticipated Graduation Date* (MM/YYY)

College/University Name _____ **College Code** _____
(Contact school's registrar for the CEEB code)

College City _____ State_____

Majors/Minors _____ **Degree (s) Earned** _____
Area (s) of study *Example: AA, in Business, BS in Chemistry*

Cumulative GPA _____

College/University 2 _____

Start Date _____ **End Date** _____
(MM/YYYY) *Anticipated Graduation Date* (MM/YYY)

College/University Name _____ **College Code** _____
(Contact school's registrar for the CEEB code)

College City _____ State_____

Majors/Minors _____ **Degree (s) Earned** _____
Area (s) of study *Example: AA, in Business, BS in Chemistry*

Cumulative GPA _____

College/University 3

Start Date _____ **End Date** _____
(MM/YYYY) *Anticipated Graduation Date* (MM/YYY)

College/University Name _____ **College Code** _____
(Contact school's registrar for the CEEB code)

College City _____ State_____

Majors/Minors _____ **Degree (s) Earned** _____
Area (s) of study *Example: AA, in Business, BS in Chemistry*

Cumulative GPA _____

College/University 4

Start Date _____ **End Date** _____
(MM/YYYY) *Anticipated Graduation Date* (MM/YYY)

College/University Name _____ **College Code** _____
(Contact school's registrar for the CEEB code)

College City _____ State_____

Majors/Minors _____ **Degree (s) Earned** _____
Area (s) of study *Example: AA, in Business, BS in Chemistry*

Cumulative GPA _____

College/University 5

Start Date _____ **End Date** _____
(MM/YYYY) *Anticipated Graduation Date* (MM/YYY)

College/University Name _____ **College Code** _____
(Contact school's registrar for the CEEB code)

College City _____ State_____

Majors/Minors _____ **Degree (s) Earned** _____
Area (s) of study *Example: AA, in Business, BS in Chemistry*

Cumulative GPA _____

All ***non-native English speaking*** applicants must provide evidence of English language proficiency. Official test scores are required from either **TOEFL or IELTs exams**. ONLY native English speakers from the United States, Australia, Canada, Ireland, New Zealand and the United Kingdom are not required to provide evidence of language proficiency.
Please select the version of TOEFL from which you will provide scores:
[ ] TOEFL [ ] TOEFL 2 Total TOEFL Score _____ [ ] IELTS IELTS Overall Band Score _____

Immunization: *All Applicants must submit proof of immunization records if born after January 1, 1957*

ADDITIONAL INFORMATION

Emergency Contact: Prefix [ ] Miss [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Rev. [ ] Dr. [ ] Bro. [ ] Sr.

Name: _____
(Last Name) (First Name) (Middle) (Other- such as Maiden Name)

Address: _____
(Street) (City) (Apartment Unit)

_____ _____ **E-mail:** _____
(State) (Zip)

Telephone: **Home** (_____) _____ **Work** (_____) _____ **Cell** (_____) _____

Referral Information: *Please let us know how you first heard about the Graduate School*
[ ] I am a Current SNR Student [ ] I am a Current CNR Employee [ ] Referred by Acquaintance [ ] Live Locally
[ ] Graduate School Fair/Recruiter Visit [ ] Tear-off Reply Card from CNR Posters [ ] Flyer/Mailing
[ ] Radio Ad [ ] Newspaper Ad [ ] Publication [ ] Web Search [ ] Website

APPLICATION REQUIREMENTS

- Signed application
- $35 application fee
- Personal goal statement
- Resume/Curriculum Vitae
- Two letters of recommendation in sealed envelops
- Official undergraduate and graduate transcript(s) ***from all academic institutions*** attended
- Immunization: *All Applicants must submit proof of immunization records if born after January 1, 1957*
- Additional documentation and interviews as described in the Educational Plans, Areas of Study Programs sections

Upon submission, all application materials become property of The College of New Rochelle Office of Admission. Application materials cannot be returned to an applicant.

All documentation should be sent to:
THE COLLEGE OF NEW ROCHELLE
Office of Admission
29 Castle Place, New Rochelle, NY 10805-2339
(914) 654-5452
http://www.cnr.edu

Honor Statement *Please note that applications submitted without a signature will not be processed*

I declare that the information provided in my application for admission to the College is true and complete. I understand that failure to provide true or complete information may result in the rejection of my application or withdrawal of offer of admission. If accepted, I agree to comply with the rules and regulations of The College of New Rochelle.

_____

Applicant's name (Please print or type) **Signature** **Date**

The College of New Rochelle does not discriminate on the basis of sex, race, color, national or ethnic origin, age, sexual orientation or disability in the educational programs which it conducts or in its employment policies, practices, and procedures. (While the Undergraduate School of Arts and Sciences, a traditional and continuous single sex program will continue to restrict admission to women as permitted under federal law, the Graduate School admits both men and women). The College
of New Rochelle complies with all pertinent State and Federal regulations concerning affirmative action, non-discrimination, and equal employment opportunity.