

**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

**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 crime, 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)*

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**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

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  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, Marriage and Family Therapy 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

Certificate Programs:  Adv. Certificate Family Nurse Practitioner  Adv. Certificate in Holistic Nursing

**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)*

Master's Degrees

- Art Education - K-12 - (MA) Initial/Professional Certification
- Early Childhood Education (Birth - Grade 2) (MSE) Initial/Professional Certification
- Early Childhood Education and Early Childhood Special Education; Dual Certification (MSE) Initial/Professional Certification
- Early Childhood Education and Early Childhood Special Education: Dual Certification (Transitional B) (MSE) Initial/Professional Certification
- Early Childhood Special Education (Birth - grade 2) (MSE) Professional Certification
- Childhood Education (Grades 1 - 6) (MSE) Initial/Professional Certification
- Childhood Education and Childhood Special Education: Dual Certification (MSE) Initial/Professional Certification
- Childhood Education and Childhood Special Education (Transitional B) (MSE) Initial/Professional Certification

- Childhood Special Education (Grades 1 - 6) (MSE) Professional Certification
- Gifted Education (MSE) Professional Certification
- Literacy Education (Birth- Grade 6) (MSE) Professional Certification
- Literacy Education (Dual Certification: Birth-Grade 6 & 5-12) (MSE) Professional Certification
- Literacy Education (Grades 5-12) (MSE) Professional Certification
- School Building Leadership (MS) Initial/Professional
- School Building and School District Leadership: Dual Certification (MS) Initial/Professional
- School District Leadership (MS) Professional Certification
- Teaching English to Speakers of Other Languages (MSE) Initial/Professional

Advanced Diploma

- School District Leadership - Transitional D (Advanced Diploma) Professional Certification

Advanced Certificates

- Bilingual Education for Teachers (Advanced Certificate) Bilingual Extension
- Bilingual Education for General Education Teachers: ITI (Advanced Certificate) Bilingual Extension
- Bilingual Education for Pupil Personnel Services: ITI (Advanced Certificate) Bilingual Extension
- Bilingual Education for Special Education Teachers: ITI (Advanced Certificate) Bilingual Extension
- Autism Spectrum Disorders
- Math for Elementary School Teachers
- TESOL for General Education Teachers (Advanced Certificate) Initial/Professional Certification
- TESOL for General Education Teachers: ITI (Advanced Certificate) Initial/Professional Certification
- TESOL for Special Education Teachers (Advanced Certificate) Initial/Professional Certification
- TESOL for Special Education Teachers: ITI (Advanced Certificate) Initial/Professional Certification
- School Building Leadership (Advanced Certificate) Initial/Professional Certification

Non Matriculated

- Education
- Literacy Education
- Gifted Education
- TESOL
- School Building & School District Leader
- School Building Leader
- School District Leader

**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: \_\_\_\_\_

License:  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)

**TESOL applicant:** Your application will not be considered complete until: *(Please check box to indicate your intention to fulfill the following requirement)*  You are required to have 12 Foreign Language Credits

**School District Leadership and School Builder Leadership 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.** Transcripts must be within one (1) year of the print date and international transcripts must have evaluations by the World Educational Services ( WES ) for comparisons to United States Standards.

**College/University 1**

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Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
(MM/YYYY) Anticipated Graduation Date (MM/YYYY)

College/University Name \_\_\_\_\_

College City \_\_\_\_\_ State \_\_\_\_\_

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

Cumulative GPA \_\_\_\_\_

**College/University 2**

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Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
(MM/YYYY) Anticipated Graduation Date (MM/YYYY)

College/University Name \_\_\_\_\_

College City \_\_\_\_\_ State \_\_\_\_\_

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

Cumulative GPA \_\_\_\_\_

**College/University 3**

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Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
(MM/YYYY) Anticipated Graduation Date (MM/YYYY)

College/University Name \_\_\_\_\_

College City \_\_\_\_\_ State \_\_\_\_\_

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

Cumulative GPA \_\_\_\_\_

**College/University 4**

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Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
(MM/YYYY) Anticipated Graduation Date (MM/YYYY)

College/University Name \_\_\_\_\_

College City \_\_\_\_\_ State \_\_\_\_\_

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

Cumulative GPA \_\_\_\_\_

### College/University 5

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Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
*(MM/YYYY) Anticipated Graduation Date (MM/YYYY)*

College/University Name \_\_\_\_\_

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

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#### Emergency Contact:

Name: \_\_\_\_\_  
*(Last Name) (First Name) (Middle) (Other- such as Maiden Name)*

Primary Telephone (\_\_\_\_) \_\_\_\_\_

**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  referred by family/friend  
 Graduate School Fair/Recruiter Visit  Tear-off Reply Card from CNR Posters  Flyer/Mailing  I am a CNR alumnae  
 Radio Ad  Newspaper Ad  Publication  Web Search  Website  I am a Current CNR SAS or SON student  Other

### GRADUATE APPLICATION REQUIREMENTS

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- ❖ Signed application
- ❖ \$35 application fee for paper application. No fee for online applications.
- ❖ Personal goal statement
- ❖ Resume/Curriculum Vitae
- ❖ Two letters of recommendation in sealed envelopes
- ❖ 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.

## **GRADUATE NURSING APPLICATION REQUIREMENTS**

- Official undergraduate/graduate transcript(s) **from all academic institutions** attended
- Current professional resume
- Copy of your New York State Licensure
- Copy of current malpractice insurance
- Description of your goals for nursing school
- Narrative exemplar from nursing practice
- Two (2) recommendations, submitted on form provided in the Downloadable Forms section of application. One recommendation should preferably be from a nursing administrator.
- Documentation of health clearance, including MMR documentation, via official transcript of completion of a basic health assessment course for all clinical tracks.
- Transcript proof of completion of a basic statistics course. A student without a basic statistics course may take statistics in the undergraduate program, but it must be completed prior to NUR 632: Design and Methodology for Nursing Research.

**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.**

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**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.