

\*APPLICATION FOR MASTER LEVEL PROGRAMS

OPTIONAL INFORMATION  
(FOR STATISTICAL PURPOSES ONLY)  
✓CHECKED ITEMS

**IMMACULATA UNIVERSITY**  
**COLLEGE OF GRADUATE STUDIES**  
**IMMACULATA, PA 19345-0500**  
**(610) 647-4400 EXT. 3211, 3212**

**APPLICATION FOR:** (Please Check)

1. Degree Programs: (Master's Programs)

- Cultural and Linguistic Diversity
- Counseling Psychology
- Educational Leadership/Administration
- Music Therapy
- Nursing (MSN)
- Nutrition Education
- Organization Leadership
- Public Relations

2. Certification Programs

- Elementary School Counselor
- Secondary School Counselor
- Principal K-12
- Elementary Certification
- School Psychologist
- Secondary Certification
- School Nurse
- Special Education Certification

Supervisory Certifications:

- Curriculum and Instruction
- Special Education
- Specialty Area

3. Certificate Programs:

- ESL Program Specialist
- Health Care
- Organizational Effectiveness
- TESOL

4.  Enrichment Study (Official Undergraduate transcript required)

5.  Post Graduate Study (Master's degree required)

**APPLICATION PROCEDURE FOR DEGREE PROGRAM:**

1. Complete this form and send it with \$50.00 application fee to: Director of Graduate Admission, Immaculata University, Box 500, Immaculata, PA 19345-0500.
2. Official transcript from each undergraduate and graduate school attended.
3. Two (2) recommendation forms appraising applicant's capacity for graduate study.
4. Official scores for the Miller Analogies Test (MAT) or the Graduate Record Examination (GRE) sent directly from the testing center.\*
5. Official score on Test of English as a Foreign Language (TOEFL) for International Students.
6. Goals Statement.

**APPLICANT'S DATA** (Please type or print)

NAME \_\_\_\_\_  
First Last Middle Maiden

ADDRESS \_\_\_\_\_  
Street City State Zip County

TELEPHONE \_\_\_\_\_  
Home Work e-mail

✓DATE OF BIRTH \_\_\_\_\_ ✓SOCIAL SECURITY NUMBER \_\_\_\_\_ (Required for financial aid)

✓RACE/ETHNICITY 1) Are you: \_\_\_\_\_Hispanic \_\_\_\_\_Not Hispanic 2) Select any/all that apply:

\_\_\_\_American Indian or Alaska Natrive \_\_\_\_\_Asian \_\_\_\_\_Black or African American \_\_\_\_\_Native Hawaiian or other Pacific Islander \_\_\_\_\_White

✓SEX \_\_\_\_\_ Female \_\_\_\_\_ Male ✓VETERAN \_\_\_\_\_ ✓U.S. CITIZEN \_\_\_\_\_

FOREIGN STUDENTS:

PLACE OF BIRTH \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_ TYPE OF VISA \_\_\_\_\_  
City Country

**EDUCATIONAL DATA**

MILLER ANALOGIES TEST (MAT) Date \_\_\_\_\_ Score \_\_\_\_\_

GRADUATE RECORD EXAMINATION (GRE) Date \_\_\_\_\_ Score \_\_\_\_\_

TOEFL Date \_\_\_\_\_ Score \_\_\_\_\_

\*Applicants with an undergraduate GPA of 3.0 or higher are not required to submit test scores for MA programs. Test scores are not required for certification only.

**COLLEGES AND UNIVERSITIES ATTENDED** (List most recent study first)

Institution Location Date of Entrance Date of Leaving Date of Degree Degree

Graduate Study

\_\_\_\_\_  
\_\_\_\_\_

Undergraduate Study

\_\_\_\_\_  
\_\_\_\_\_

UNDERGRADUATE MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

ADMISSION REQUESTED FOR: SUMMER I: \_\_\_\_\_ SUMMER II: \_\_\_\_\_ FALL: \_\_\_\_\_ SPRING: \_\_\_\_\_

Please list the names and titles of persons whom you have asked to complete letters of reference (professional and/or academic references only):

Name Title

\_\_\_\_\_  
\_\_\_\_\_

**Goals Statement**

Please attach a one page essay addressing the following: Discuss your professional goals and how graduate study at Immaculata University will enable you to achieve those goals.

**Emergency Contact**

NAME OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY \_\_\_\_\_ Telephone \_\_\_\_\_

**Applicant Statement**

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

I understand that appropriate Immaculata personnel will have access to my application student record and that withholding information requested or giving false information may make me ineligible for admission to the College and subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of Immaculata University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Non-Discriminatory Policy

Immaculata University is committed to the principle of equal educational opportunity without discrimination because of a person's race, gender, ethnicity, religion, age, national origin, color, disability, marital status, veteran status or other classifications protected by law or University policy.

Campus Safety and Protection Services and Statistics can be accessed at [www.immaculata.edu/students/safetyandprotection.index.htm](http://www.immaculata.edu/students/safetyandprotection.index.htm)

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Applicant must complete and sign the following statement. The request is in compliance with the Family Education Right and Privacy Act of 1974.

( ) I waive my right to view this letter of recommendation in my file. ( ) I do not waive my right to view this letter of recommendation in my file.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

Address \_\_\_\_\_

Degree Sought \_\_\_\_\_ Specialization \_\_\_\_\_

How well do you know the applicant?                      ( ) Very Well                      ( ) Fairly Well                      ( ) Slightly

How long have you known the applicant? \_\_\_\_\_

In what capacity have you been associated with the applicant? \_\_\_\_\_

Please rate the applicant on each of the following characteristics. Indicate any additional comment which would be of assistance in evaluating the applicant's potential.

<b>SCHOLASTIC ABILITY</b>	Excellent	Very Good	Good	Unsatisfactory	No chance to observe
Oral Expression					
Written Expression					
Intellectual Curiosity					
Ability to Integrate Information					
Ability to Work Independently					
<b>PERSONAL CHARACTERISTICS</b>					
Dependable					
Responsible					
Tolerant					
Cooperative					

My recommendation is:            ( ) Strong and without reservation            ( ) With confidence            ( ) With reservation            ( ) I do not recommend

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please type/print your:

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

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\_\_\_\_\_

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NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_