

*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

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

- Supervisory Certifications:
- Curriculum and Instruction
 - Special Education
 - Specialty Area

3. Certificate Programs:

- TESOL
- Expressive Arts
- Health Care
- Organizational Effectiveness

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 \$35.00 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 _____ ✓ SEX _____ Female _____ Male ✓ VETERAN _____ ✓ U.S. CITIZEN _____

FOREIGN STUDENTS:

PLACE OF BIRTH _____ CITY OF BIRTH _____ 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):

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. The University does not discriminate on the basis of race, color, religion, gender, age, national origin, or disability.

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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.

| SCHOLASTIC ABILITY | Excellent | Very Good | Good | Unsatisfactory | No chance to observe |
|----------------------------------|-----------|-----------|------|----------------|----------------------|
| Oral Expression | | | | | |
| Written Expression | | | | | |
| Intellectual Curiosity | | | | | |
| Ability to Integrate Information | | | | | |
| Ability to Work Independently | | | | | |
| PERSONAL CHARACTERISTICS | | | | | |
| Adaptable | | | | | |
| Dependable | | | | | |
| Self-confident | | | | | |
| Responsible | | | | | |
| Tolerant | | | | | |
| Cooperative | | | | | |

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

Please type/print your:

NAME _____

SIGNATURE _____

POSITION _____

INSTITUTION _____

ADDRESS _____

DATE _____

Additional Comment: (Use reverse side)

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