

GENERAL INFORMATION

This application is to be filled out by the applicant and mailed directly to Nyack College Graduate Education Office, 1 South Blvd, Nyack, New York 10960, accompanied by a non-refundable \$30.00 application fee.

EXTENSION OF INTEREST

- Childhood Special Education Childhood Special Education / 5-year Program BS/MS
 Inclusive Education / Gifted Child Extension Inclusive Education / Middle School

- | | | | |
|---|---|------------------------------------|------------------------------------|
| CLASSIFICATION (check one) | ENROLLMENT DATE | ATTENDANCE | PRIMARY CAMPUS |
| <input type="checkbox"/> New Matriculated Student | <input type="checkbox"/> Fall 20_____ | <input type="checkbox"/> Full-time | <input type="checkbox"/> Rockland |
| <input type="checkbox"/> Transfer Student | <input type="checkbox"/> Spring 20_____ | <input type="checkbox"/> Part-time | <input type="checkbox"/> Manhattan |
| <input type="checkbox"/> Non-Matriculated Student | <input type="checkbox"/> Summer 20_____ | | |

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Gender: Male Female
 Present Address: _____ City: _____ State: _____ Zip: _____
 Permanent Address: _____ City: _____ State: _____ Zip: _____
 Phone Number (H): _____ (W): _____ SS#: _____
 E-mail Address: _____
 Date of Birth: _____ City/State of Birth: _____
 Citizenship: _____ Immigration Status: _____

1. Have you served in the military? No Yes (Dates of Service: _____)
 Do you expect to use veterans benefits in your training? Yes No
2. Is this your first time in a graduate program? (optional) Yes No
 Have you ever been dismissed from college or graduate school? Yes No
3. List memberships held in honorable and professional fraternities or organizations: _____
4. What is your current marital status? (optional) Single Married Divorced Widowed
5. What is your race? (optional) Asian/Pacific Islander Black, Non-Hispanic Hispanic
 Native American/Alaskan White, Non-Hispanic Multi-Racial
6. What is your religious affiliation/denomination? (optional) _____

Notice of Nondiscriminatory Policy: This institution does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs, or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights of 1964, and all other relevant statues and regulations.

STANDARD OF CONDUCT

The Nyack College Graduate Education Department recognizes the value of maintaining standards that contribute to the atmosphere on campus, foster fellowship with a wide range of individuals and, in many instances, assist in strengthening a positive image in our community. Students and employees are asked to be supportive of these standards. A classroom demeanor which promotes professionalism, courtesy, and honesty is expected of all members of the Nyack graduate community. Plagiarism and offensive behaviors will not be tolerated.

The Nyack College Graduate Education Department reserves the right to dismiss a student who, in its judgment, does not conform to stated regulations governing student conduct or to the expressed principles, policies, programs and expectations of the graduate program. Your signature indicates your commitment to abide by these standards while enrolled in the Nyack College Graduate Education Program.

Signature _____ Date _____

EDUCATION BACKGROUND

List ALL academic institutions you have attended after high school. You are responsible for having **official transcripts** sent directly from each institution to the Office of Admissions.

NAME OF INSTITUTION	STATE/COUNTRY	MAJOR/SPECIALIZATION	DATES ATTENDED	DIPLOMA/DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

Provide two academic references and one professional reference from persons, not related to you, who know you well. If currently teaching, the professional reference should be from the site principal or immediate supervisor. Forms should be returned to the Graduate Education Office by the reference person.

1. *Academic*

Name _____ Address _____
 Phone _____

2. *Academic*

Name _____ Address _____
 Phone _____

3. *Professional*

Name _____ Address _____
 Phone _____

PROFESSIONAL EXPERIENCE

TEACHING EXPERIENCE- list most recent experience first

School _____
 Address _____
 City, State Zip _____

School _____
 Address _____
 City, State Zip _____

School _____
 Address _____
 City, State Zip _____

CERTIFICATION

Level _____
 State _____
 Expiration Date _____

Level _____
 State _____
 Expiration Date _____

Level _____
 State _____
 Expiration Date _____

Send completed form to:
Nyack Graduate Education Office
 One South Boulevard Nyack, New York 10960