

# DOCTORAL APPLICATION FOR ADMISSION

- Doctor of Philosophy Program in Nursing
- Doctor of Nursing Practice Program in Nursing
- Doctor of Education Program



**Office of Admissions**  
**Graduate and Doctoral Programs**  
1000 Hempstead Avenue  
P.O. Box 5002  
Rockville Centre, NY 11571-5002  
[www.molloy.edu](http://www.molloy.edu)

# IMPORTANT NUMBERS

## General Information

1.888.4.Molloy | [www.molloy.edu](http://www.molloy.edu)

## Student Services

516.323.3458

## Graduate and Doctoral Program Admissions

516.323.4000

Fax: 516.323.4019

## Financial Aid

516.323.4200

## Registrar

516.323.4300

## Bursar (Student Financial Services)

516.323.4100

## Nursing Graduate Center

516.323.3656

## Nursing Ph.D. Program Information

516.323.3652

## Nursing DNP Program Information

516.323.3793

## Division of Education

516.323.3115

## Ed.D. Program Information

516.323.3166

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## Application Instructions

Please read the following guidelines before beginning your Molloy College Doctoral Application.

1. Please type or print clearly in ink.
2. Molloy College requests that you collect and submit your application including letters of recommendation, goal statements and writing sample with the application fee of \$75.00 in an enclosed envelope with this application. GRE test results can be reported to the institution directly but must be completed prior to enrollment in the program. The signed, dated application and **all** supporting materials must be received by the application deadline. Materials can be sent to:

Molloy College  
Office of Graduate Admissions  
1000 Hempstead Avenue PO Box 5002 Rockville Centre, New York 11571 - 5002

3. Please use the following list to check each required item as it is completed. Answer all questions, including those which call for a “yes” or “no” response. Your completed application will include all of the following items.

### COLLEGE / UNIVERSITY TRANSCRIPTS

Applicants must submit one *official* transcript from each college/university attended. This includes transcripts from junior/community colleges, transfer units from study abroad programs, and summer courses. Individual transcripts must be obtained from each college attended.

**GRADUATE RECORD EXAMINATION (FOR Ph.D. AND Ed.D. APPLICANTS)**

Applicants must submit an official copy of their test results for the General Test of the Graduate Record Examinations (GRE). The official test results must be sent by the testing agency ([www.gre.org](http://www.gre.org)) directly to the Office of Graduate Admissions. Please use the code 2415. If you have not taken the General Test of the GRE within five (5) years of the application deadline, you must re-take the GRE. **The official results must be received prior to enrollment in the program.**

**RECOMMENDATIONS**

Applicants should submit three recommendations. Recommendations are intended to provide a professional evaluation of an applicant's potential academic success in doctoral studies, and therefore should be requested from either professors or employers. For Ph.D. and DNP applicants, two of the recommendations should be from graduate educated (i.e. masters or doctorally prepared) nurses. Do not submit personal recommendations. Please forward the recommendation form to the person who has agreed to provide your recommendation along with a stamped, self-addressed envelope. Submit completed recommendations in the sealed envelopes with your application.

**PROFESSIONAL RÉSUMÉ OR CURRICULUM VITAE (CV)**

A résumé or Curriculum Vitae describing the nature, scope, and areas of responsibility of all professional work experience is required. Please include employment history, military service, and/or community activities. Describe details of scholarly experiences such as publications, poster or podium presentations, and research activities.

**PERSONAL GOALS STATEMENT AND SHORT QUESTIONS**

A brief statement (one to three pages typewritten and double spaced). This statement may include answers to short questions. (See page 9).

**SAMPLE OF SCHOLARLY WRITING**

A sample of scholarly writing can include any published article, professional document, or graduate school paper that shows your writing ability. Please limit the sample to show no more than 5 pages that highlight the work. (Note: This is only a sample and does not have to be the complete work).

**LICENSURE/REGISTRATION/CERTIFICATIONS**

- **Ph.D. Applicants** – Copy of current RN license/registration
- **DNP Applicants** – Copy of current RN license/registration, NYS Certification as Nurse Practitioner or Clinical Nurse Specialist, and National Certification.
- **Ed.D. Applicants** – Copy of current NYS teaching and/or administrative licenses

**INTERVIEW**

Qualified applicants will be contacted to schedule an interview. To prepare for the interview, complete the short essays in this application as you consider your reasons for pursuing doctoral studies.

**APPLICATION FEE**

An application fee of \$75 must accompany the graduate application. Please make the check payable to Molloy College. The application fee is nonrefundable.

**APPLICATION DEADLINE**

The signed, dated application and **all** supporting materials must be received by the application deadline. If you have any questions about the application or deadline, please call numbers referenced on the front page.

**FINANCIAL AID**

Students may select to file the FAFSA online at [www.fafsa.gov](http://www.fafsa.gov). Students will also be able to obtain a paper FAFSA by calling the Federal Student Aid Information Center, toll free, at 1-800-4-FED-AID (1-800-433-3243). Students may request up to three copies of the paper application. In addition, students can access and print a PDF copy of the FAFSA at [www.FederalStudentAid.ed.gov](http://www.FederalStudentAid.ed.gov). The completed PDF FAFSA application should be mailed to the Federal Student Aid Programs. The PDF FAFSA includes instructions and mailing address.

**SIGNATURE & DATE**

Applicants must sign the application. Applications received without a signature will be returned for signature and consideration for admission will be delayed.

Policy of Non-Discrimination: The College prohibits discrimination against current or prospective students and employees on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation, or any legally protected characteristic. The College does not by this non-discrimination statement disclaim any right it might otherwise have to maintain its commitment to its Catholic identity or the doctrines of the Catholic Church.

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# PROGRAMS

(Please check program of choice)

**Doctor of Philosophy in Nursing (Ph.D.)**

**Doctor of Nursing Practice (DNP)**

Choose one track from the following:

- DNP Adult-Gerontology-Clinical Nurse Specialist
- DNP Adult-Gerontology Nurse Practitioner
- DNP Family Nurse Practitioner
- DNP Family Psychiatric/Mental Health Nurse Practitioner
- DNP Pediatric Nurse Practitioner

**Doctor of Education (Ed.D.) in Educational Leadership  
for Diverse Learning Communities**

**April 1<sup>st</sup>\*\* deadline for priority enrollment.**

*\*Applications may be reviewed after this date on a space-available basis.*

**INSTRUCTIONS:**

Read application completely before answering the questions  
Answer all questions as completely and accurately as possible.  
Return the application with a \$75.00 NON-REFUNDABLE APPLICATION FEE PAYABLE  
TO MOLLOY COLLEGE

**MOLLOY COLLEGE  
OFFICE OF ADMISSIONS  
GRADUATE AND DOCTORAL PROGRAMS  
1000 Hempstead Avenue  
PO Box 5002  
Rockville Centre, NY 11571-5002  
1-888-4-Molloy**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
*Last First Middle Maiden*

Other name(s) which have been used on transcripts:  
\_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
*Number Street*  
\_\_\_\_\_  
*City State Zip Code Country*

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Check Appropriate Box:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment Status:  
 Full Time  Part Time  Not Employed

Employment Address: \_\_\_\_\_  
*Title Company/Hospital/School*  
\_\_\_\_\_  
*Number Street City State Zip Code*

Work Telephone: \_\_\_\_\_ Number of years in this employment: \_\_\_\_\_

Are you a United States Veteran?  Yes  No



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## Professional Recommendations Requested for Application

Please give the full name, address, phone number, and position title of three colleagues you have asked to write a recommendation in support of your application.

1. Name \_\_\_\_\_ Position / Title \_\_\_\_\_

Institution / Organization \_\_\_\_\_

Address / Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Position / Title \_\_\_\_\_

Institution / Organization \_\_\_\_\_

Address / Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Position / Title \_\_\_\_\_

Institution / Organization \_\_\_\_\_

Address / Phone \_\_\_\_\_

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## Academic Information

(Transcripts and GREs should be sent to the Admissions Office)

### TEST DATA

List all dates on which you have taken or plan to take the following exam(s):

I have taken  I will take  Graduate Record Examinations (GRE) Month/Year \_\_\_\_\_

### COLLEGE/UNIVERSITY INFORMATION

List in chronological order all colleges/universities (starting with the most recent) from which you hold a degree; where you have taken undergraduate courses; where you have taken any graduate courses (including extension courses); and any college or university at which you have attempted **any** course work. All transcripts **must** be on file before your application will be processed. **Completion of the admission file is the responsibility of the applicant.**

Name of Institution	State/Country	Attendance Dates	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been placed on academic probation or received an academic dismissal by any college or university?  
 Yes    No

If yes, please explain \_\_\_\_\_

Have you earned a Bachelor's Degree?  Yes    No   Major \_\_\_\_\_ Estimated GPA \_\_\_\_\_

Bachelor's degree completion date \_\_\_\_\_

Have you earned a Master's Degree?  Yes    No   Major \_\_\_\_\_ Estimated GPA \_\_\_\_\_

Master's degree completion date \_\_\_\_\_

Have you engaged in doctoral studies at any other institution?  Yes    No

Type of doctoral education:    DNP    PhD    EdD    Other

If you did not complete that doctoral degree, please explain why not:

\_\_\_\_\_

Have you completed any credential or certificate programs?  Yes    No

If yes, please list \_\_\_\_\_

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### APPLICATION INFLUENCE

Rank numerically, 1 as the highest, the three (3) people, publications, or events which most influenced you to apply to Molloy College.

Molloy College alumnus    Molloy College Faculty    Molloy College Student

Friend    Molloy College Event    Molloy College Website

Molloy College Nursing Faculty /Administrator \_\_\_\_\_

Molloy College Publication \_\_\_\_\_

Advertisement \_\_\_\_\_



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## Personal Goal Statement

Please write a Personal Goal Statement to the Doctoral Admissions Committee that indicates why you want to pursue your doctoral degree at Molloy College. Include in this statement some information about your **area of research interest** and professional career goals (Guidelines: One to three pages typewritten and double-spaced). You may type the statement on a separate piece of paper and submit it with your application. You can include responses to the Short Questions listed below in your Personal Essay or answer the questions separately. Please note that if you plan to submit the statement of purpose on a separate sheet, you must include the disclosure statement below along with your signature and the date.

### Short Questions

1. How did you hear about Molloy College's Doctoral Program?
2. Who or what led you to apply to the Doctoral Program?
3. List any research involvement, publications, studies, and / or program documents you have written. Please include the title of your master's thesis if applicable.
4. Please list any scholarships, fellowships, academic awards, or honors you have received since high school.
5. State the name of the Molloy College faculty member(s) with whom you spoke about the doctoral program, if applicable.

I certify that the information on this application is true to the best of my knowledge. I have read all the instructions and I understand that refusal of admission or cancellation of registration will result from misrepresentation in any portion of this application form. I further understand that any submitted records and documents may be photocopied and are non-returnable.

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*Signature*

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*Date*

In compliance with Section 504 of the Rehabilitation Act of 1973 and with ADA requirements, Molloy College offers the following auxiliary aids and academic adjustments free of charge to all admitted students submitting a current psychological evaluation/diagnostic testing by a certified expert in the field, indicating such need.

**Auxiliary Aids:**

- Extended time for course completion
- Note takers
- Use of tape recorders for class
- Extended time for tests
- Alternate testing sites
- Readers for tests
- Scribes for tests
- Tutorial services for math and science
- Personal counseling services
- Career counseling services

**Academic Adjustments:**

- Course substitution
- Course waiver
- Pass/Fail

**Identification of Campus**

**Coordinators:**

- ADA/Section 504 Coordinator  
(516) 323-3315
- AIDS Coordinator  
(516) 323-3467
- Nondiscrimination Coordinator  
Title VII and IX  
Lisa Miller, Director of Human  
Resources  
(516) 323-3046

**MOLLOY COLLEGE POLICY ON EQUAL OPPORTUNITY**

Molloy College does not discriminate against any person on the basis of race, color, religion, sex, national origin, age, handicap, or veteran status. This policy covers all programs, services, policies, and procedures of the College, including admission to educational programs and employment.

Molloy College has available auxiliary aids which satisfy the requirements of Section 504 of the Rehabilitation Act. If you qualify and wish to participate please notify: Disability Support Services (DSS) at (516) 323-3315 immediately upon admission. You must supply supporting diagnostic test results at that time. Students requesting services not mandated by Section 504 may request these services through STEEP. A STEEP brochure is available in the DSS Office in the Casey Center, Room 011.

**Accreditation**

Molloy is accredited by:

Board of Regents of the University of the State of New York  
(The State Education Department, Albany, New York 12230)  
The Middle States Association of Colleges and Schools  
(3624 Market Street, Philadelphia, Pennsylvania 19104-2680)  
Commission on Collegiate Nursing Education  
(One Dupont Circle NW Suite 530, Washington, D.C. 20036)

**Applicant's Letter of Reference**

*Please return directly to:*

**Molloy College**

Office of Admissions/Graduate and Doctoral Programs

1000 Hempstead Avenue

P.O. Box 5002

Rockville Centre, NY 11571-5002

**Part A. To Be Completed by Applicant**

**Directions: Please complete this form for each reference you request. Please give your reference source a self-addressed stamped envelope to be delivered to you in the sealed envelope. Please ask your reference to sign across the envelope seal. Please submit the envelope unopened in your application packet.**

I hereby waive my right of access to information recorded on this form and any supplementary sheets attached to it.

Applicant's Signature: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
*Last Name First Name Middle Name*

Address of Applicant: \_\_\_\_\_  
*Number Street*

\_\_\_\_\_  
*City State Zip*

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**Part B. To Be Completed by Person Providing Reference**

**Please complete the following sections (with any supplementary pages) and return it in to the applicant in a sealed envelope provided to you.**

Name: \_\_\_\_\_  
*Please Print*

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
*Street Address City State Zip Code*

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

In what capacity? \_\_\_\_\_

Do you recommend the applicant for doctoral studies?

Yes  No

Please indicate your perception of the applicant on the following characteristics.

<b>Please Check Each Section</b>	<i>Outstanding Upper 10%</i>	<i>Very Good Upper 25%</i>	<i>Average Upper 50%</i>	<i>Below Average Lower 50%</i>	<i>No basis for Judgment/ Not Applicable</i>
Intellectual Ability					
Breadth of general knowledge					
Emotional maturity					
Imagination and Creativity					
Oral Expression					
Writing Ability					
Ability to work with others					
Perseverance					
Clinical proficiency					
Potential as a professional					

Comments (please use this space or a separate page if necessary):

Reference \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

**Applicant's Letter of Reference**

*Please return directly to:*

**Molloy College**

Office of Admissions/Graduate and Doctoral Programs

1000 Hempstead Avenue

P.O. Box 5002

Rockville Centre, NY 11571-5002

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I hereby waive my right of access to information recorded on this form and any supplementary sheets attached to it.

Applicant's Signature: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
*Last Name First Name Middle Name*

Address of Applicant: \_\_\_\_\_  
*Number Street*

\_\_\_\_\_  
*City State Zip*

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**Part B. To Be Completed by Person Providing Reference**

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Name: \_\_\_\_\_  
*Please Print*

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Business Address: \_\_\_\_\_

\_\_\_\_\_  
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In what capacity? \_\_\_\_\_

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Intellectual Ability					
Breadth of general knowledge					
Emotional maturity					
Imagination and Creativity					
Oral Expression					
Writing Ability					
Ability to work with others					
Perseverance					
Clinical proficiency					
Potential as a professional					

Comments (please use this space or a separate page if necessary):

Reference \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

**Applicant's Letter of Reference**

*Please return directly to:*

**Molloy College**

Office of Admissions/Graduate and Doctoral Programs

1000 Hempstead Avenue

P.O. Box 5002

Rockville Centre, NY 11571-5002

**Part A. To Be Completed by Applicant**

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I hereby waive my right of access to information recorded on this form and any supplementary sheets attached to it.

Applicant's Signature: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
*Last Name First Name Middle Name*

Address of Applicant: \_\_\_\_\_  
*Number Street*

\_\_\_\_\_  
*City State Zip*

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**Part B. To Be Completed by Person Providing Reference**

**Please complete the following sections (with any supplementary pages) and return it in to the applicant in a sealed envelope provided to you.**

Name: \_\_\_\_\_  
*Please Print*

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
*Street Address City State Zip Code*

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

In what capacity? \_\_\_\_\_

Do you recommend the applicant for doctoral studies?

Yes  No

Please indicate your perception of the applicant on the following characteristics.

<b>Please Check Each Section</b>	<i>Outstanding Upper 10%</i>	<i>Very Good Upper 25%</i>	<i>Average Upper 50%</i>	<i>Below Average Lower 50%</i>	<i>No basis for Judgment/ Not Applicable</i>
Intellectual Ability					
Breadth of general knowledge					
Emotional maturity					
Imagination and Creativity					
Oral Expression					
Writing Ability					
Ability to work with others					
Perseverance					
Clinical proficiency					
Potential as a professional					

Comments (please use this space or a separate page if necessary):

Reference \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*