



# GRADUATE APPLICATION FOR ADMISSION

**Office of Admissions  
Graduate Programs**  
1000 Hempstead Avenue  
P.O. Box 5002  
Rockville Centre, NY 11571-5002  
1-888-4-MOLLOY  
[www.molloy.edu](http://www.molloy.edu)

# COMPLETED APPLICATION CHECKLIST

## **BUSINESS:**

- Signed application
- Official transcripts from all institutions attended
- One letter of reference
- Social responsibility statement: Provide a persuasive statement on social responsibility and the role that business leaders should play both locally and abroad (approx. 200-300 words)
- Resume
- \$60 application fee

## **CLINICAL MENTAL HEALTH COUNSELING:**

- Signed application
- Official transcripts from all institutions attended
- Three letters of reference
- Professional goals statement
- Official GRE scores
- Resume
- \$60 application fee

## **CRIMINAL JUSTICE**

- Signed application
- Official transcripts from all institutions attended
- Three letters of reference
- Professional goals statement
- \$60 application fee

## **EDUCATION**

- Signed application
- Official transcripts from all institutions attended
- Two letters of reference
- Professional goals statement
- Copy of Teacher Certification (if professional track)
- Official GRE or MAT (Millers Analogy Test) scores—students can take either exam to satisfy requirement
- \$60 application fee

## **MUSIC THERAPY**

- Signed application
- Official transcripts from all institutions attended
- Three letters of reference
- Professional goals statement
- Audition
- \$60 application fee

## **NURSING**

- Signed application
- Official transcripts from all institutions attended
- Three letters of reference
- Professional goals statement
- Resume
- Copy of RN license
- \$60 application fee

## **SPEECH LANGUAGE PATHOLOGY**

- Signed application
- Official transcripts from all institutions attended
- Three letters of reference
- Professional goals statement
- Official GRE scores
- \$60 application fee



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**INSTRUCTIONS:**

- Read application completely before answering the questions
- Answer all questions as completely and accurately as possible
- Return the application with a \$60.00 NON-REFUNDABLE APPLICATION FEE PAYABLE TO MOLLOY COLLEGE

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

**PERSONAL INFORMATION:**

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

Social Security #: \_\_\_\_\_

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: \_\_\_\_\_

Check Appropriate Box:  Male  Female

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

Are you a United States Veteran?  Yes  No

Will you be eligible for Veteran's tuition benefits through yourself, spouse, or parent?  Yes  No

Employment Status:

Full-Time  Part-Time  Not Employed

Employment Address: \_\_\_\_\_  
*Title Company/School*

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

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



**MASTER OF SCIENCE IN EDUCATION (Check one in either Box A, B, or C)**

**BOX A:**

**If you are a not a certified NYS classroom teacher by the start of classes:**

- Teacher of Childhood Education grades 1-6
- Teacher of Early Childhood Education/Teacher of Childhood Education birth–grade 2/grades 1-6
- Teacher of Students with Disabilities in Childhood Education/Childhood Education grades 1-6
- Teacher of English to Speakers of Other Languages (TESOL)/Teacher of Childhood Education 1-6
- Teacher of Adolescent Education grades 7-12 (Biology, English, Mathematics, Socials Studies, Spanish)  
SUBJECT: \_\_\_\_\_
- Teacher of Students with Disabilities in Adolescent Education Generalist grades 7-12 (Biology, English, Mathematics, Social Studies, Spanish) SUBJECT: \_\_\_\_\_
- Teacher of English to Speakers of Other Languages (TESOL)/ Teacher of Adolescent Education grades 7-12 (Biology, English, Mathematics, Socials Studies, Spanish) SUBJECT: \_\_\_\_\_

**BOX B:**

**If you are a certified classroom teacher in NYS in one of the following and in pursuit of your professional certification:**

- Teacher of Childhood Education grades 1-6
- Teacher of Students with Disabilities in Childhood Education grades 1-6
- Teacher of Adolescent Education grades 7-12 (Biology, English, Mathematics, Socials Studies, Spanish)  
SUBJECT: \_\_\_\_\_
- Teacher of Students with Disabilities in Adolescent Education Generalist grades 7-12 (Biology, English, Mathematics, Social Studies, Spanish) SUBJECT: \_\_\_\_\_

**BOX C.**

**If you are a certified classroom teacher in Childhood Education or Adolescent Education and in pursuit of an *additional initial certification*:**

- Teacher of Students with Disabilities in Childhood Education grades 1-6
- Teacher of Students with Disabilities in Adolescent Education Generalist grades 7-12 (Biology, English, Mathematics, Social Studies, Spanish) SUBJECT: \_\_\_\_\_
- Teacher of English to Speakers of Other Languages (TESOL) (PreK-12)
- Teacher of Educational Technology (PreK-12)

**ACADEMIC BACKGROUND:**

Before this application can be processed, it is necessary that you arrange for official transcripts from all undergraduate and graduate institutions to be sent to the Molloy College Admissions Office.

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COLLEGE	STATE	DATES OF ATTENDANCE	MAJOR	DEGREE EARNED
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COLLEGE	STATE	DATES OF ATTENDANCE	MAJOR	DEGREE EARNED
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COLLEGE	STATE	DATES OF ATTENDANCE	MAJOR	DEGREE EARNED
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COLLEGE	STATE	DATES OF ATTENDANCE	MAJOR	DEGREE EARNED
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**LETTERS OF REFERENCE:**

These letters should come from people who can speak of your professional or academic capacity.

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NAME OF REFERENCE	POSITION	RELATION TO APPLICANT
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ADDRESS	PHONE
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NAME OF REFERENCE	POSITION	RELATION TO APPLICANT
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ADDRESS	PHONE
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NAME OF REFERENCE	POSITION	RELATION TO APPLICANT
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ADDRESS	PHONE
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## Applicant's Letter of Reference

Please return directly to:

### Molloy College

Office of Admissions/Graduate Programs  
1000 Hempstead Avenue  
P.O. Box 5002  
Rockville Centre, NY 11571-5002

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

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Social Security # \_\_\_\_\_

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

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

Please check program to which you are applying:

#### Business Administration:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> M.B.A. Management            | <input type="checkbox"/> M.B.A. Finance               | <input type="checkbox"/> M.B.A. Marketing/Accounting |
| <input type="checkbox"/> M.B.A. Accounting/Finance    | <input type="checkbox"/> M.B.A. Healthcare            | <input type="checkbox"/> M.B.A. Marketing/Management |
| <input type="checkbox"/> M.B.A. Finance/Management    | <input type="checkbox"/> M.B.A. Healthcare/Management | <input type="checkbox"/> M.B.A. Marketing/Finance    |
| <input type="checkbox"/> M.B.A. Marketing             | <input type="checkbox"/> M.B.A. Healthcare/Finance    | <input type="checkbox"/> M.B.A. Personal Financial   |
| <input type="checkbox"/> M.B.A. Accounting            | <input type="checkbox"/> M.B.A. Healthcare/Marketing  | <input type="checkbox"/> M.B.A. Personal Financial   |
| <input type="checkbox"/> M.B.A. Accounting/Management | <input type="checkbox"/> M.B.A. Healthcare/Accounting | <input type="checkbox"/> Planning                    |

**Clinical Mental Health Counseling:**  M.S. Clinical Mental Health Counseling

**Criminal Justice:**  M.S. Criminal Justice

**Music Therapy:**  M.S. Music Therapy

#### Nursing:

- |  |  |
|--|--|
| <input type="checkbox"/> Nursing Education                                 | <input type="checkbox"/> Family Psychiatric Mental Health Nurse Practitioner               |
| <input type="checkbox"/> Nursing Administration with Informatics           | <input type="checkbox"/> Pediatric Nurse Practitioner-Primary Care                         |
| <input type="checkbox"/> Adult-Gerontology Primary Care Nurse Practitioner | <input type="checkbox"/> Clinical Nurse Specialist: Adult-Gerontology Health               |
| <input type="checkbox"/> Family Nurse Practitioner-Primary Care            | <input type="checkbox"/> M.S./M.B.A. in Nursing Administration with Informatics/Healthcare |

#### Speech Language Pathology:

M.S. Speech Language Pathology

#### Education:

Initial or Dual Certification:

- Childhood Education
- Adolescent Education
- Early Childhood/Childhood Education
- Teacher of Students with Disabilities/Childhood Education
- Teacher of English to Speakers of Other Languages/Childhood Education
- Teacher of Students with Disabilities Generalist/Adolescent Education
- Teacher of English to Speakers of Other Languages/Adolescent Education

Professional Certification:

- Childhood Education
- Adolescent Education

Additional Initial Certification  
(for students already possessing  
an initial certification):

- Teacher of Students with Disabilities in Childhood Education
- Teacher of Students with Disabilities in Adolescent Education Generalist
- Teacher of English to Speakers of Other Languages
- Teacher of Educational Technology

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

Name \_\_\_\_\_

*Please Print*

Position \_\_\_\_\_ Phone \_\_\_\_\_

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

*Company Name*

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

How long have you known the candidate? \_\_\_\_\_ In what capacity? \_\_\_\_\_

<b>PLEASE CHECK EACH SECTION</b>	<b>Outstanding Upper 10%</b>	<b>Very Good Upper 25%</b>	<b>Average Upper 50%</b>	<b>Below Average Lower 50%</b>	<b>No basis for Judgement/ Not Applicable</b>
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					

Do you recommend the applicant for graduate study?  Yes  No

Please comment on the applicant's ability to pursue graduate study.

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

*Signature*



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*Last Name First Name Middle Name*

Social Security # \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
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**Clinical Mental Health Counseling:**  M.S. Clinical Mental Health Counseling

**Criminal Justice:**  M.S. Criminal Justice

**Music Therapy:**  M.S. Music Therapy

#### Nursing:

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| <input type="checkbox"/> Nursing Education                                 | <input type="checkbox"/> Family Psychiatric Mental Health Nurse Practitioner               |
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**Speech Language Pathology:**  M.S. Speech Language Pathology

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Initial or Dual Certification:

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Name \_\_\_\_\_

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Position \_\_\_\_\_ Phone \_\_\_\_\_

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

*Company Name*

*Street Address*

*City*

*State*

*Zip Code*

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

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					

Do you recommend the applicant for graduate study?

Yes

No

Please comment on the applicant's ability to pursue graduate study.

Reference \_\_\_\_\_

*Signature*

Date \_\_\_\_\_

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**Speech Language Pathology:**  M.S. Speech Language Pathology

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Name \_\_\_\_\_

*Please Print*

Position \_\_\_\_\_ Phone \_\_\_\_\_

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

*Company Name*

*Street Address*

*City*

*State*

*Zip Code*

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

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

<b>PLEASE CHECK EACH SECTION</b>	<b>Outstanding Upper 10%</b>	<b>Very Good Upper 25%</b>	<b>Average Upper 50%</b>	<b>Below Average Lower 50%</b>	<b>No basis for Judgement/ Not Applicable</b>
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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					

Do you recommend the applicant for graduate study?  Yes  No

Please comment on the applicant's ability to pursue graduate study.

Reference \_\_\_\_\_

*Signature*

Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list each full-time position, summer job and significant part-time job you have held in the space below. Please include military service.

DATES                      INSTITUTION                      CITY, STATE TITLE or NATURE OF WORK

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**HONORS AND AWARDS**

Please include academic and non-academic recognition you have received.

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**MEMBERSHIPS AND SERVICE**

List the professional and community organizations in which you are or have been active.

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**PROFESSIONAL GOALS STATEMENT**

On a separate sheet of paper, please provide a statement of your professional goals and aspirations. It should be typewritten and about one page in length.

**SOCIAL RESPONSIBILITY STATEMENT (for M.B.A. applicants only)**

On a separate sheet of paper, please provide a persuasive statement on social responsibility and the role that business leaders should play both locally and abroad (approximately 200-300 words)

**THE FOLLOWING INFORMATION IS FOR OUR RECORDS.  
IT IS NOT REQUIRED THAT YOU PROVIDE IT.**

Please tell us how you learned about the Graduate Programs at Molloy College.

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Does your employer offer tuition reimbursement?

Yes       No

Do you plan to file for financial aid?

Yes       No

If yes, have you filed a FAFSA?

Yes       No

Will you require financial assistance:

From the TAP program?      or       The Graduate Student Loan Program?

Are you interested in a Graduate Assistantship?

Yes       No

**Ethnicity:** Answering this question is optional and will in no way affect your application.

(This question is asked only to permit Molloy College to comply with the Civil Rights Act of 1964)

Do you consider yourself to be Hispanic or Latino?       Yes       No

In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native Non-Hispanic

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

I hereby certify that all the information I have provided in this application is true and complete to the best of my knowledge.

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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)

# Molloy College

