



**Post-Master's Advanced
Certificate Programs in
Nursing, Education and Business**

OFFICE OF ADMISSIONS
1000 HEMPSTEAD AVE., PO BOX 5002
ROCKVILLE CENTRE, NY 11571
1-888-4-MOLLOY • WWW.MOLLOY.EDU

Please include a \$60 non-refundable application fee, payable to Molloy College

Please Print _____
Last First Middle

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

Social Security # _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Cell (____) _____

E-mail (required) _____

Gender Male Female Semester Applied for Fall Spring Winter (Business only) Summer (Business only)

Post-Master's Advanced Certificate Program applying for (please check one):

NURSING

- Nursing Education Nursing Administration with Informatics Adult-Gerontology Primary Care Nurse Practitioner
 Nursing Informatics Clinical Nurse Specialist: Adult-Gerontology Health Family Psychiatric Mental Health Nurse Practitioner
 Nursing Administration Family Nurse Practitioner-Primary Care Pediatric Nurse Practitioner-Primary Care

RN License # _____ State _____

**Please send a copy of your current license registration certificate*

EDUCATION

- Teaching English to Speakers of Other Languages PK-12 Teaching Students with Disabilities in Grades 7—12 Generalist
 Teaching Students with Disabilities in Grades 1—6 Bilingual Extension

**Please send a copy of your current teacher certification*

BUSINESS

- Healthcare Management Finance Marketing

Academic Background:

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

GRADUATE:

College/University _____

State _____ Dates of Attendance _____ Major _____ Degree Earned _____

College/University _____

State _____ Dates of Attendance _____ Major _____ Degree Earned _____

UNDERGRADUATE:

College/University _____

State _____ Dates of Attendance _____ Major _____ Degree Earned _____

College/University _____

State _____ Dates of Attendance _____ Major _____ Degree Earned _____

College/University _____

State _____ Dates of Attendance _____ Major _____ Degree Earned _____

Current Employment:

Employment Status: F/T P/T Not employed

Employment Address _____

Work Telephone _____

Employment History (Begin with most recent Nursing or Classroom Teacher, or Business experience):

Title _____ Institution _____

City/State _____ Dates employed _____

Title _____ Institution _____

City/State _____ Dates employed _____

Title _____ Institution _____

City/State _____ Dates employed _____

Does your employer offer Tuition Reimbursement? Yes No

Letters of Reference:

Three letters of reference are required as part of the application.
These letters should come from people who can speak of your professional or academic capacity.

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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Other Information:

Honors & Awards Received _____

Professional/Community Organizations _____

How did you learn about the Post Graduate Program at Molloy? _____

Ethnicity:

*Answering this question is optional and will 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

Please 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 information I have provided in this application is true and complete to the best of my knowledge.

Signature _____ Date _____

In compliance with Section 504 of the Rehabilitation Act 1973 and with ADA requirements, Molloy College offers the following auxiliary aids and academic adjustments free of charge to all admitted student 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 (516) 323-3046
- Title VII and IX

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 001.

Accreditation

Molloy is accredited by:

Board of Regents of the University of the State of New York
(State Education Department, Albany, NY 12230)

The Middle States Association of Colleges and Schools
(3624 Market Street, Philadelphia, Pennsylvania 19104-2680)

National Council for Accreditation of Teacher Education
(2010 Massachusetts Ave NW Suite 500, Washington DC, 20036-1923)

Commission on Collegiate Nursing Education
(1 Dupont Circle NW Suite 530, Washington D.C. 20036)



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Graduate Programs**

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