

# GRADUATE APPLICATION FOR ADMISSION

Master of Business Administration  
Master of Science in Criminal Justice  
Master of Science in Education  
Master of Science in Music Therapy  
Master of Science in Nursing



**Office of Admissions**  
**Graduate 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

### Graduate Admissions

516.678.5000 ex. 6291  
Fax: 516.256.2247

### Financial Aid

516.678.5000 ex. 6249  
Fax: 516.256.2292

### Registrar

516.678.5000 ex. 6226  
Fax: 516.256.2232

### Bursar (Student Financial Services)

516.678.5000 ex. 6222

### Career Counseling

516.678.5000 ex. 6246

### Student Services

516.678.5000 ex. 6216

### Athletics

516.678.5000 ex. 6308

## GRADUATE OFFICES

### Business

516.678.5000 ex. 6342

### Criminal Justice

516.678.5000 ex. 6318

### Education

516.678.5000 ex. 6565

### Music Therapy

516.678.5000 ex. 6975

### Nursing

516.678.5000 ex. 6301

## COMPLETED APPLICATION CHECKLIST

- Signed Application
- \$60.00 Non-Refundable Application Fee
- 3 Letters of Reference
- Professional Goals Statement
- Official transcripts from all institutions attended
- Copy of RN License or Teacher Certification (if applicable)

**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: \_\_\_\_\_

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

Check Appropriate Box:  Male

Female

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

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: \_\_\_\_\_

**CITIZEN STATUS:**

Are you a citizen of the US?

Yes  No

If not, are you a permanent resident of the US?

Yes  No

Will you need an I-20 Certificate of Eligibility to obtain a visa to enter the US?  Yes\*  No

\*Please note that students requesting an I-20 Certificate of Eligibility must submit financial affidavits demonstrating the financial means to support their education expenses at Molloy College.

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**APPLICANTS WHOSE NATIVE LANGUAGE IS NOT ENGLISH SHOULD ANSWER THE FOLLOWING QUESTION:**

Have you taken the Test of English as a Foreign Language (TOEFL)?

Yes Date taken: \_\_\_\_\_ Date Scores submitted to Molloy: \_\_\_\_\_

No Date you plan to take TOEFL: \_\_\_\_\_

**SEMESTER APPLIED FOR:**  Fall (year) \_\_\_\_\_  Spring (year) \_\_\_\_\_  
 Part-Time  Full-Time

**PLEASE CHECK PROGRAM TO WHICH YOU ARE APPLYING:**

**MASTER OF BUSINESS ADMINISTRATION**

M.B.A. Management  M.B.A. Accounting  M.B.A. Personal Financial Planning

Have you taken the Graduate Management Admissions Test (GMAT)?

Yes On what date? \_\_\_\_\_  No If No, Do you plan to take it? \_\_\_\_\_

**MASTER OF SCIENCE IN CRIMINAL JUSTICE**

Criminal Justice

**MASTER OF SCIENCE IN MUSIC THERAPY**

I have a Bachelor's degree in Music Therapy  I have a Bachelor's degree in \_\_\_\_\_

**MASTER OF SCIENCE IN NURSING**

*Clinical Concentration*

Nursing Education  
 Nursing Administration with Informatics  
 Clinical Nurse Specialist:  
Adult Health

*Nurse Practitioner*

Adult Nurse Practitioner  
 Pediatric Nurse Practitioner  
 Family Nurse Practitioner  
 Nurse Practitioner Psychiatry

RN License # \_\_\_\_\_ State \_\_\_\_\_

Copy of license is included with application

**MASTER OF SCIENCE IN EDUCATION**

Programs leading to **INITIAL CERTIFICATION** -for those possessing a baccalaureate degree (or changing careers) and entering the teaching profession.

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

Programs leading to **DUAL INITIAL CERTIFICATION**-for those possessing a baccalaureate degree (or changing careers) and entering the teaching profession.

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

(Biology, English, Mathematics, Social Studies, Spanish) SUBJECT:\_\_\_\_\_

Programs leading to **PROFESSIONAL CERTIFICATION** for those already possessing Initial Certification in the following areas.

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

Programs leading to **PROFESSIONAL CERTIFICATION** in the area of Initial Certification through obtaining additional **Initial Certification** in a specific area.

- TESOL (PreK-12)
- Teaching Students with Disabilities in Childhood Education (Initial Certification)/Childhood Education (Professional Certification)
- Teaching Students with Disabilities in Adolescent Education (Initial Certification)/Adolescent Education (Biology, English, Mathematics, Social Studies, Spanish) (Professional Certification) SUBJECT:\_\_\_\_\_

Are you currently or have you ever been certified to teach in New York State?

If yes, please list areas of certification and enclose a copy of your certification with application.

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## 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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## 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.

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<i>Name of Reference</i>	<i>Position</i>	<i>Relation to Applicant</i>
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<i>Address</i>	<i>Phone</i>
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<i>Name of Reference</i>	<i>Position</i>	<i>Relation to Applicant</i>
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<i>Address</i>	<i>Phone</i>
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<i>Name of Reference</i>	<i>Position</i>	<i>Relation to Applicant</i>
--------------------------	-----------------	------------------------------

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<i>Address</i>	<i>Phone</i>
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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:**  M.B.A Management  M.B.A. Accounting  M.B.A. Personal Financial Planning

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

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

**Nursing:**  CNS: Adult Health  Nurse Practitioner:  Adult  Pediatric  
 Nursing Education  Family  Psychiatry  
 Nursing Administration with Informatics

#### Education:

Initial Certification:  Teacher of Childhood Education grades 1-6  
 Teacher of Adolescent Education grades 7-12

Dual Initial Certification:  TESOL/Teacher of Childhood Education  
 TESOL/Teacher of Adolescent Education  
 Teaching Students with Disabilities in  
Childhood Education/Childhood Education  
 Teaching Students with Disabilities in  
Adolescent Education/Adolescent Education

Professional Certification:  Teacher of Childhood Education grades 1-6  
 Teacher of Adolescent Education grades 7-12  
 Teacher of English to Speakers of Other Languages (TESOL)  
 Teaching Students with Disabilities in  
Childhood Education/Childhood Education  
 Teaching Students with Disabilities in  
Adolescent Education/Adolescent Education

**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>	<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					

Do you recommend the applicant for graduate study?  Yes  No

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

Reference \_\_\_\_\_

*Signature*

Date \_\_\_\_\_

## Applicant's Letter of Reference

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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:**  M.B.A Management  M.B.A. Accounting  M.B.A. Personal Financial Planning

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

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

**Nursing:**  CNS: Adult Health

Nurse Practitioner:

Adult

Pediatric

Nursing Education

Family

Psychiatry

Nursing Administration with Informatics

#### Education:

Initial Certification:

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Teacher of Adolescent Education grades 7-12

Dual Initial Certification:

TESOL/Teacher of Childhood Education

TESOL/Teacher of Adolescent Education

Teaching Students with Disabilities in  
Childhood Education/Childhood Education

Teaching Students with Disabilities in  
Adolescent Education /Adolescent Education

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Teacher of Adolescent Education grades 7-12

Teacher of English to Speakers of Other Languages (TESOL)

Teaching Students with Disabilities in  
Childhood Education/Childhood Education

Teaching Students with Disabilities in  
Adolescent Education/Adolescent Education

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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? \_\_\_\_\_

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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 \_\_\_\_\_

## Applicant's Letter of Reference

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Office of Admissions/Graduate Programs

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P.O. Box 5002

Rockville Centre, NY 11571-5002

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

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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:**  M.B.A Management  M.B.A. Accounting  M.B.A. Personal Financial Planning

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Pediatric

Nursing Education

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Psychiatry

Nursing Administration with Informatics

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TESOL/Teacher of Childhood Education

TESOL/Teacher of Adolescent Education

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Childhood Education/Childhood Education

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Teaching Students with Disabilities in  
Childhood Education/Childhood Education

Teaching Students with Disabilities in  
Adolescent Education/Adolescent Education

**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>	<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					

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, 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.

**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.

---

---

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?

**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)

- Asian Non-Hispanic       Black Non-Hispanic       Hispanic of Any Race  
 American Indian/Alaskan Native Non-Hispanic       Non-Resident Alien  
 Two or More Races Non-Hispanic                       Race/Ethnicity Unknown  
 White Non-Hispanic       Native Hawaiian/Other Pacific Islander Non-Hispanic

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) 678-5000 ext. 6381
- AIDS Coordinator  
(516) 678-5000 ext. 6247
- Nondiscrimination Coordinator  
(516) 678-5000 ext. 6312
- 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) 678-5000 ext. 6381 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

