

CENTENARY COLLEGE



NEW JERSEY

Application for Admission

I am applying for:

Traditional:

My anticipated entrance semester is: Fall Spring Summer (year) _____

- | | |
|---|--|
| <input type="checkbox"/> MA in Counseling | <input type="checkbox"/> MA in Counseling Psychology |
| <input type="checkbox"/> MA in School Counseling | <input type="checkbox"/> MA in English Literature |
| <input type="checkbox"/> MA in Instructional Leadership | <input type="checkbox"/> Supervisor Licensure |
| <input type="checkbox"/> MA in Educational Leadership | <input type="checkbox"/> MA in Leadership and Public Administration |
| <input type="checkbox"/> MA in Special Education | |
| <input type="checkbox"/> Writing Certificate | <input type="checkbox"/> Teacher of Students with Disabilities Certification (Spec. Ed.) |

I am also interested in continuing my graduate work after the writing certificate program.

- Master of Business Administration
- | | | | | |
|----------------------------------|--|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Human Resources | <input type="checkbox"/> International Management | <input type="checkbox"/> Management | <input type="checkbox"/> Marketing |
|----------------------------------|--|---|-------------------------------------|------------------------------------|

Online:

- M. ED. Educational Practice Teaching with Technology Certificate
- MA in Leadership and Public Administration
- Master of Business Administration
- Management Marketing

ACAP- Academy of Clinical & Applied Psychoanalysis: (Courses held in Livingston, NJ)

- MA Psychoanalysis MA in Psychoanalytic Counseling

Personal Information: Please Print				
Last	First	Middle	Maiden Name	Email
Address		City	State	Zip County
Home Phone		Work Phone		Fax Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth - -		Social Security Number - -	
Ethnic Background (Optional): <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Black/African American, Non-Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other				
Citizenship (Required): <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Alien Reg. No. <input type="checkbox"/> Foreign Student (F-1 Visa or other Non-Immigrant Visa)				
Country of Residence: _____				

College Attendance: You must list all colleges and universities attended in chronological order.		
Name of Institution	Dates Attended	Degree Granted

Teacher Certification: Indicate your present type of teacher certification			
State	Year	Level	Area

Work Experience: Please start with your current position.		
Dates	Employer and Location	Position

Application Fee: There is a \$30 non-refundable application fee to apply for the graduate programs. The application fee for ACAP programs is \$35.00 (Please choose payment method)
<input type="checkbox"/> I am enclosing a check or money order made payable to Centenary College.
<input type="checkbox"/> I authorize Centenary College to charge my credit card with the application fee.

I heard about Centenary College through:
<input type="checkbox"/> Newspaper Which One? _____
<input type="checkbox"/> Radio Station Ad Which station? _____
<input type="checkbox"/> Online Website Which site? _____
<input type="checkbox"/> Through Friend
<input type="checkbox"/> Through Employer

Personal Statement: <i>(Required for all counseling-based Masters, Special Education, ACAP programs, and Leadership and Public Administration)</i>
Please compose a brief, typewritten, personal statement (Approximately 500 words) describing your goals and motivation for seeking enrollment in this program.

Letters of Recommendation: <i>(Required for the MA in Educational Leadership, Principal Licensure, and ACAP Programs ONLY)</i> Two letters of recommendation should be completed on the attached form. They should come from either educational or professional sources. Feel free to use additional pieces of paper or make copies as necessary.
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Signature Required:
I hereby certify that all information supplied by me in this application, and all supplemental materials, is accurate and complete. I understand that any misrepresentation of fact will constitute cause for nullification of my application prior to admission or dismissal following admission. I agree to abide by all of the established rules of the College as set forth in the catalog and other publications as well as such other rules and regulations established by the proper authorities of the College. In addition, I agree to pay the tuition, and other fees charged by the College in excess of any financial assistance that I may receive from the College. I also agree to allow the College to release statistical and non-specific information to the press and/or to use my photograph in promoting the college.
Applicant's Signature: _____ Date: _____

Application Process Checklist	Send all documents to:
Use this checklist to verify that your application is complete and expedite the process.	Centenary College
<input type="checkbox"/> Completed application, including signature and date	Attn: Graduate Studies
<input type="checkbox"/> All College Transcripts being forwarded	400 Jefferson Street
<input type="checkbox"/> Non-refundable application fee is included	Hackettstown, NJ 07840
<input type="checkbox"/> Personal Statement (If required)	908-852-1400 ext. 2073
<input type="checkbox"/> Two Letters of Recommendation (If required)	

Letter of Recommendation

Applicant:

Complete the information requested and give this form with a pre-addressed, stamped envelope to the individual from whom you are requesting a recommendation. This recommendation should be returned to: Centenary College, Office of Graduate and Adult Studies, 400 Jefferson Street, Hackettstown, NJ 07840.

Name of Applicant: _____
Last First Middle

Address: _____
Street City State Zip Code

Program of Study (only): _____Master of Arts in Educational Leadership
 _____Master of Arts in Psychoanalysis
 _____Master of Arts in Psychoanalytic Counseling

Waiver:

Under the Federal Educational Rights and Privacy Act of 1974, enrolled or former students have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. Please indicate below whether you wish to waive your right of access to this letter of recommendation. Your decision will not affect consideration of your application for admission.

I do _____, do not _____ wish to waive my right of access to this letter of recommendation.

Signature of Applicant Date

To be completed by the Reference:

1. How long have you known the applicant? _____ In what capacity? _____
2. Please rate the applicant in comparison with other students you have known who have applied for admission to graduate school.

	Excellent	Very Good	Good	Fair	Weak	Unable to Judge
Intellectual Ability						
Oral Expression						
Written Expression						
Motivation						
Conceptual Thinking						
Emotional Maturity						
Interpersonal Skills						

3. On the reverse side of this page or an attached sheet, please comment on the applicant's qualifications for successful graduate study. Please identify any strengths, weaknesses, or personal characteristics that you believe may be pertinent to this application. Thank you.

4. Name of Reference: _____ Date: _____
 Position/Title: _____ Organization: _____
 Address: _____ Telephone No. _____
 Signature: _____