MOLLOY COLLEGE
GRADUATE PROGRAMS:

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
Master of Science in Speech Language Pathology

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)
- GMAT (recommended)
- GRE required for Speech Language Pathology
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

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. Finance
☐ M.B.A. Personal Financial Planning ☐ M.B.A. Accounting and Personal Financial Planning
☐ M.B.A. Accounting and Finance ☐ M.B.A. Accounting and Management
☐ M.B.A. Management and 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   Nurse Practitioner
☐ Nursing Education ☐ Adult Nurse Practitioner
☐ Nursing Administration with Informatics ☐ Pediatric Nurse Practitioner
☐ Clinical Nurse Specialist: Adult Health ☐ Family Nurse Practitioner
☐ Nurse Practitioner Psychiatry

RN License # ____________________________ State_____________________________
☐ Copy of license is included with application
☐ I am a RN who also possesses a BA/BS in a non-nursing major

MASTER OF SCIENCE IN SPEECH LANGUAGE PATHOLOGY
☐ I have a Bachelor’s degree in Speech Language Pathology  ☐ I have a Bachelor’s degree in______________
☐ Have you taken the Graduate Record Exam (GRE)? If so what date? ____________________
MASTER OF SCIENCE IN EDUCATION (please check one)

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 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, Socials 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 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
☐ Teacher of Students with Disabilities Generalist grades 7—12 / Adolescent Education (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: __________________________

Students with Disabilities (SWD) Certifications programs for candidates already possessing initial certification in Childhood or Adolescent Education

☐ 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: __________________________

Students with Disabilities (SWD) Professional Certification programs for candidates already possessing initial certification in the following areas:

☐ 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) for those already possessing an initial certification in Childhood or Adolescent Education

☐ Teacher of English to Speakers of Other Languages (TESOL) (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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<thead>
<tr>
<th>COLLEGE</th>
<th>STATE</th>
<th>DATES OF ATTENDANCE</th>
<th>MAJOR</th>
<th>DEGREE EARNED</th>
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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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<th>Name of Reference</th>
<th>Position</th>
<th>Relation to Applicant</th>
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</table>
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 ____________________________________________

Social Security #________________________________________________

Address of Applicant ____________________________________________

Please check program to which you are applying:

Business Administration:

☐ M.B.A Management
☐ M.B.A Accounting
☐ M.B.A. Personal Financial Planning
☐ M.B.A Finance
☐ M.B.A. Accounting and 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

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

Teacher of Students with Disabilities: ☐ Childhood Education
☐ Adolescent Education Generalist

Teacher of English to Speakers of Other Languages: ☐ Teacher of English to Speakers of Other Languages
(Initial Certification Program)
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?_________

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<thead>
<tr>
<th>Please Check Each Section</th>
<th>Outstanding Upper 10%</th>
<th>Very Good Upper 25%</th>
<th>Average Upper 50%</th>
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Do you recommend the applicant for graduate study? □ Yes □ No

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

Reference______________________________________________ date___________________________

Signature

Reference______________________________________________ Date___________________________
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
☐ M.B.A. Finance
☐ M.B.A. Accounting and Personal Financial Planning
☐ M.B.A. Accounting and Finance
☐ M.B.A. Accounting and Management
☐ M.B.A Finance and Management
☐ M.B.A Finance and 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

Speech Language Pathology:  ☐ M.S. Speech Language Pathology

Education:
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Professional Certification:  ☐ Childhood Education
☐ Adolescent Education

Teacher of Students with Disabilities:
☐ Childhood Education
☐ Adolescent Education Generalist

Teacher of English to Speakers of Other Languages:
(Initial Certification Program)
Part B. To Be Completed by Person Providing Reference

Name__________________________________________________________

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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Do you recommend the applicant for graduate study?    ☐ Yes    ☐ No

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

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Applicant’s Letter of Reference

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Name______________________________________________________________

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Do you recommend the applicant for graduate study? □ Yes □ No

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

Reference______________________________________________ date___________________________

Signature

Reference______________________________________________ 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.

<table>
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<tr>
<th>DATES</th>
<th>INSTITUTION</th>
<th>CITY, STATE</th>
<th>TITLE or NATURE OF WORK</th>
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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? ☐ 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)

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.

---------------------------------------------  -----------------------------
Signature                                        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
  Title VII and IX
  Lisa Miller, Director of Human Resources
  (516) 678-5000 ext. 6312

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)