



Post-baccalaureate/Graduate/Doctoral Application Form

Additional information and instructions are available for download from www.rowan.edu/cgce/forms.

Revised 04/16/12

Anticipated entry point Fall Spring Summer Year: _____ Intended status Full time Part time
Module (if applicable) 1 2 3 4 5 6

Student Contact Information

Email address (Please print clearly. The email above is the one that will be used to communicate with you during the admission and matriculation process.)

Rowan ID (if applicable) Social Security No. Date of birth (MM/DD/YY)

Legal name Last (family) First (given) Middle JR., Sr., III, etc

Other names that may appear on your academic records

Permanent/mailling address Number and street City County (if applicable) State Zip code

State of legal residence Month/year you began living in that state

Phone U.S. home phone Work phone Cell phone

Race, ethnicity and gender requested for Federal Government reporting purposes only.

Male Female

1. What is your ethnicity?

Hispanic or Latino Not Hispanic or Latino

2. If you chose Hispanic or Latino, please choose one of the following:

Central or South American Cuban Hispanic-other Mexican Puerto Rican

3. Regardless of your responses to question 1 & 2, please choose one or more race categories from the list below.

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Citizenship

(check only one status)

1. U.S. Citizen Alien/Permanent Resident Non-Resident Alien

2. If you are not a U.S. citizen, please list your country of citizenship _____

3. If you are not a U.S. citizen and you currently hold a visa, please indicate the type of visa _____

For more information on applying as an international student, please visit www.rowan.edu/cgce/internationalstudents.

For International Applicants Only

Permanent Home Country Address

Number and street City and State/Province/District Postal Code Country

Country Code and Phone Number

Program Information (Every item below is required for proper processing.)

Program Name: _____ Program Code: _____ Major Code: _____

Location (Glassboro, Camden, online, etc.): _____ COGS/Focus area/Track/Clinic location (if applicable): _____

(Not all programs allow entry every term and/or module or are available at every location. Please visit your program of interest's webpage for details: www.rowan.edu/cgce/programs.)

Post-baccalaureate/Graduate/Doctoral Application Form (Continued)

Standardized Test Information

Please visit your program of interest's webpage (www.rowan.edu/cgce/programs) to determine whether or not test scores are required.

NAME OF TEST (GRE, MILLER ANALOGIES TEST, GMAT, TOEFL, PRAXIS, ETC.)	DATE TAKEN OR SCHEDULED	ACTUAL SCORE(S) RECEIVED (IF KNOWN)	OFFICIAL SCORES SENT OR REQUESTED TO BE SENT TO ROWAN?	DATE SENT OR REQUESTED	SCORES ALREADY ON FILE AT ROWAN?

Previous Application Information

Have you ever applied to or attended Rowan University in the past? Yes No

If yes, please complete the section below. (Note: As a former applicant, you may be contacted to submit additional information.)

Previous application date: _____ Term: Fall Spring Summer Year: _____ Module: 1 2 3 4 5 6

Name of previous program: _____

How did you learn about this program?

- Direct mail (email or postal)
 Print ad
 Internet search/advertisement
 Broadcast (television or radio)
 Recruitment event/representative
 Other: _____

Educational Background

List in reverse chronological order all colleges or universities at which you have officially registered, including any previous attendance at Rowan University (formerly Glassboro State College and Rowan College of New Jersey). All institutions where any credit-bearing work was taken must be listed below and official transcripts must be submitted – regardless of number of credits taken.

NAME OF INSTITUTION	STATE <i>(or country if outside of the U.S.)</i>	TYPE OF DEGREE AWARDED (AA, BA, MA, ETC.) <i>(or, if no degree awarded, total number of semester hours earned.)</i>	DATE OF DEGREE (XX/XX/XX) <i>(if applicable)</i>	DATES OF ATTENDANCE		TRANSCRIPT REQUESTED?
				FROM (XX/XX/XX)	TO (XX/XX/XX)	
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Transcripts from Rowan University (formerly Glassboro State College and Rowan College of New Jersey) will be acquired on your behalf.

Undergraduate Major 1 Major 2 Minor

Graduate/Professional Program/Degree Field(s) I have some graduate work, but no degree.

Post-baccalaureate/Graduate/Doctoral Application Form (Continued)

Teacher Certification

Some programs require or recommend teacher certification. Please visit www.rowan.edu/cgce/programs, and review the requirements for your particular program. If teacher certification is required, please submit a copy of all certifications with your application materials. Keep in mind that depending upon the program, not all types of certification are acceptable, and emergency certificates are not acceptable for programs which require NJ State Certification.

Type of certificate currently held: Standard CEAS (Certificate of Eligibility with Advanced Standing)
 CE/Currently completing Alternate Route program (Location? _____)
 Other: _____

Level/Subject matter area(s) of certification (or explain if "Other"): _____

Name of state(s) issuing certification: _____

Work/Life Experience (Required for all programs. Applicants to all CGCE programs must submit a current professional resume.)

Are you currently employed? Yes No If yes, please provide the name of your employer: _____

Statement of Professional Objectives

(Required for certain programs. Please visit your program of interest's webpage for details: www.rowan.edu/cgce/programs.)

Recommendations

(Required for certain programs. Please visit your program of interest's webpage for details: www.rowan.edu/cgce/programs. If recommendations are required, please download the Recommendation Form from www.rowan.edu/cgce/forms. A Recommendation Form must be completed by each recommender. In most cases, a letter of recommendation is optional.)

Please list below the names of those from whom you will be requesting recommendations (if required for your particular program).

Recommender #1:	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Institution</i>
Recommender #2:	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Institution</i>
Recommender #3:	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Institution</i>

Submitting Your Application

Completed applications should be returned to CGCE Admissions with a \$65 non-refundable application fee. Check or money order payable to Rowan University. Major credit/check cards (Visa, MasterCard, Discover, American Express) accepted. Applicants must also submit with the application all supporting documentation (transcripts, test scores, recommendations, etc.).

Submit all materials to: **Rowan University, CGCE Admissions, Education Hall, Room 3129, 201 Mullica Hill Road, Glassboro, NJ 08028**

- Faxed items (856-256-5637) are acceptable for everything except official test scores, official transcripts, and letters of recommendation.
- Please do not send materials for CGCE programs to any address or office other than the one above as this will delay processing.

Additional information and instructions are available for download from www.rowan.edu/cgce/forms.

Important! All applicants must read and sign the following:

I hereby acknowledge that the information furnished on this application is true and complete. I have followed the admission/submission requirements as listed for my program of interest and I believe I am eligible for consideration. I certify that I have not been enrolled in, nor have I attended, any college, university or post-secondary institution other than those listed on this application. Any misrepresentation of fact will constitute cause for cancellation of my application prior to admission or dismissal following admission. I agree to abide by all rules, regulations, policies and procedures of Rowan University.

I acknowledge that in order for my application to be evaluated, all required application materials must be received prior to the application deadline.

Applicant Signature

Date

Application Fee Payment

\$65 check or money order payable to Rowan University. \$65 credit care—Visa, Mastercard, Discover, or American Express only.

Rowan University CREDIT CARD authorization

I, _____, hereby authorize charging my credit card in the amount of **\$65.00**.
Cardholder's name (please print)

Check one: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Acct. Number:

Exp. Date: _____ Cardholder's phone: _____
Cardholder's signature