

MAV ERIK CK

APPLICATION
FOR GRADUATE
ADMISSION

MERCY
COLLEGE

FOR THOSE WITH A PASSION TO GET AHEAD

APPLYING TO MERCY COLLEGE

ADMISSIONS PROCEDURES

Your application cannot be considered for admission until all required documentation is received. The application process is confidential.

SUPPORTING DOCUMENTS INCLUDE:

- Letters of recommendation (cover form included)
- Personal statement
- Résumé
- Test scores

* For a complete list of documents please view our Graduate catalog: www.mercy.edu/academics/bulletins-catalogs

APPLICATION REQUIREMENTS:

- A completed and signed application (Communication Disorders students must apply at portal.csdcas.org. Physician Assistant students must apply online at <http://www.caspaonline.org> & Physical Therapy students must apply at www.ptcas.org. DO NOT USE THIS FORM).
- A nonrefundable \$40 application fee (\$62 application fee for Occupational Therapy)
- An official Baccalaureate transcript(s)
- Additional transcripts from other colleges or universities
- Supporting documents may be required depending on program of interest*

APPLICATION TYPE AND SUBMISSION

Mercy College accepts applications online and in paper format. Online applications are available from Mercy College's website: www.mercy.edu/apply. Any application and supporting document(s) should be mailed to Student Services Support Center, 2651 Strang Boulevard, Yorktown Heights, NY 10598.

ADMISSIONS POLICY

Once all required documents are submitted to the Student Services Support Center your file will be reviewed by the academic program for which you applied. A graduate admissions committee will assess your credentials and provide you with prompt feedback. The application process is confidential.

ADDITIONAL APPLICATION INFORMATION FOR INTERNATIONAL STUDENTS

If you have attended colleges and universities outside of the United States your official transcripts must be evaluated by an accredited evaluation service. Please visit www.NACES.org for a complete list of accredited agencies accepted by Mercy College. Please note TOEFL scores may be required for non-native speakers of English.

For more information regarding the International application procedure please email: international@mercy.edu

MASTER'S DEGREE PROGRAMS

SCHOOL OF BUSINESS

- Business Administration MBA GBNS
- Human Resource Management MS HRMG
- Organizational Leadership MS BUOL
- Public Accounting MS ACMP

MASTER'S DEGREE PROGRAMS - CONTINUED

SCHOOL OF EDUCATION - Single Initial Certificate

- Chemistry Adolescent, Grades 7-12 MS AICS
- Childhood Education, Grades 1-6 MS CEIS
- Early Childhood Education, Birth-Grade 2 MS ECIS
- English Adolescence Education, Grades 7-12 MS AIES
- Physics Adolescent, Grades 7-12 MS AIPS
- Mathematics Adolescence Education, Grades 7-12 MS AIMS
- Science Adolescence Education, Grades 7-12 MS AISS
- Social Studies Adolescence Education, Grades 7-12 MS AIHS
- Teaching English to Speakers of Other Languages (TESOL) MS TSPD

Single Advanced Certificate (Teaching Experience Required)

- Teaching Literacy, Birth-Grade 2 MS RLCE
- Teaching English to Speakers of Other Languages (TESOL) MS TSPD

Dual Initial Certificate (Includes Certification to Teach Students With Disabilities)

- Childhood Education, Grades 1-6 MS CEID
- Early Childhood Education, Birth-Grade 2 MS ECID
- English Adolescence Education, Grades 7-12 MS AIED
- Teaching Students with Disabilities MS TDIS
- Mathematics Adolescence Education, Grades 7-12 MS AIMD
- Science Adolescence Education, Grades 7-12 MS AISD
- Social Studies Adolescence Education, Grades 7-12 MS AIHD

Tri Initial Certificate

- Early Childhood Education, Birth-Grade 2 MS ECIT
- Teaching Students with Disabilities MS TDEC

Specialized Master's Programs

- Educational Administration MS EDAD
- Educational Supervision MS EDSU
- School District Leader Alternate Certificate (TRANS D) MS SDAC

Advanced Certificate (Must Hold Current Teaching Certificate)

- Bilingual Extension ACER BLNS
- School District Leader ACER SDDL
- STEM Education ACER STEM
- Teaching English to Speakers of Other Languages (TESOL) ACER TESL
- Teaching Literacy, Birth-Grade 6 ACER RLCH
- Teaching Literacy, Grades 5-12 ACER RLEL

Education (Non-Certification Program)

- Education Studies MS EDST

SCHOOL OF HEALTH & NATURAL SCIENCES

- Communication Disorders (apply at: www.csdcas.org) MS
- Nursing Administration MS NUAD
- Nursing Education MS NUED
- Family Nurse Practitioner, Advanced Certificate ACER FNP
- Family Nurse Practitioner MS NUFN
- Occupational Therapy MS OTNS
- Doctor of Physical Therapy (apply at: www.ptcas.org) DPT
- Physician Assistant Studies (apply at: www.caspaonline.org) MS

SCHOOL OF LIBERAL ARTS

- Computer Science MS COMP
- Cybersecurity MS CSEC
- English Literature MA ENGL

SCHOOL OF SOCIAL & BEHAVIORAL SCIENCES

- Counseling MS CDNS
- Health Service Management MPA HSMG
- Health Service Management MS HSMG
- Marriage and Family Therapy MS MFTH
- Mental Health Counseling MS MHCN
- Psychology MS PSYN
- School Psychology MS SCPY

FUNDING YOUR EDUCATION

Mercy College offers competitive financial support making a graduate degree affordable. We encourage you to contact our Student Services Support Center at **1.877.MERCY.GO**

FINANCIAL AID & SCHOLARSHIPS

Mercy College offers scholarship opportunities that range from graduate assistantships, campus employment, to program specific awards. To learn more or apply for any of our scholarship programs please call **1.877.MERCY.GO**

Graduate students are encouraged to complete the Free Application for Federal Students Aid (FAFSA) to learn of their eligibility for federal loans. Graduate students may be eligible to receive Stafford loans or Graduate PLUS loans based on their submitted FAFSA information. We recommend applying as early as possible, that way you will receive notification of your aid eligibility in plenty of time to make your final decision.

PAYMENT PLAN

Mercy College offers a payment plan in cooperation with Tuition Management Systems (TMS). You don't have to pay for college in two large payments. Charges for the academic year may be met in monthly payments interest free. To learn more about TMS visit www.afford.com or call 1.888.463.6994.

To apply for financial aid:

As soon after October 1 as possible, file the FAFSA (available online at: **www.fafsa.gov**).

When filling out the FAFSA, include the Mercy College code; 002772

It's as simple as that! Once we have your completed application and FAFSA, we will contact you regarding the completion of your financial aid forms, but it is your responsibility to make sure you have submitted the required forms.

Remember, do not wait to be accepted to file for financial aid. For complete information about financial aid at Mercy College, call **1.877.MERCY.GO** or visit our website at: **www.mercy.edu**

APPLICATION CHECKLIST

- COMPLETED APPLICATION THAT IS SIGNED AND DATED
- ENCLOSED CHECK OR MONEY ORDER MADE PAYABLE TO MERCY COLLEGE FOR \$40 (\$62 APPLICATION FEE FOR OCCUPATIONAL THERAPY)
- ARRANGE TO HAVE OFFICIAL BACCALAUREATE TRANSCRIPTS SENT
- ARRANGE TO HAVE OFFICIAL TRANSCRIPTS FOR ALL COLLEGES SENT
- ARRANGE TO HAVE SUPPORTING DOCUMENTS THAT MAY BE REQUIRED DEPENDING ON PROGRAM OF INTEREST SENT
(PLEASE VISIT OUR GRADUATE CATALOG, WWW.MERCY.EDU/ACADEMICS/BULLETINS-CATALOGS TO DETERMINE PROGRAM SPECIFIC REQUIREMENTS):
 - LETTERS OF RECOMMENDATION
 - PERSONAL STATEMENT
 - RÉSUMÉ
 - TEST SCORES

FOR INTERNATIONAL STUDENTS

- ARRANGE TO HAVE TOEFL SCORES SENT
- ORDER AN OFFICIAL TRANSCRIPT EVALUATION USING A CURRENT MEMBER OF NACES

Graduate Admissions Locations:

Main Campus—Dobbs Ferry

555 Broadway
Dobbs Ferry, NY 10522

Manhattan Campus

47 West 34th Street
New York, NY 10001

Bronx Campus

1200 Waters Place
Bronx, NY 10461

Yorktown Heights Campus

2651 Strang Boulevard
Yorktown Heights, NY 10598

CONTACT US

Email
admissions@mercy.edu

Phone
1.877.MERCY.GO

Online
www.mercy.edu

Fax
914.455.3509

FOR OFFICE USE ONLY

FEE WAIVED

RECRUITER CODE _____

APPLICATION FOR GRADUATE ADMISSION

Apply now—visit www.mercy.edu/apply for an online application. Please note: Please include the College's non-refundable \$40 application fee. (\$62 application fee for Occupational Therapy.)

BIOGRAPHICAL INFORMATION

PREFIX MR. MRS. MS. DR.

*REQUIRED FIELDS

FIRST NAME*

MIDDLE NAME

SOCIAL SECURITY NUMBER*

LAST NAME*

BIRTH DATE (MONTH/DAY/YEAR)*

OTHER LAST NAMES USED

PREFERRED NAME/NICKNAME

PERMANENT ADDRESS*

APARTMENT #*

DAY PHONE*

CITY*

STATE*

POSTAL CODE*

COUNTRY

NIGHT PHONE

CURRENT EMAIL

MOBILE PHONE

PREFERRED MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

MAILING ADDRESS

APARTMENT #

CITY

STATE

POSTAL CODE

COUNTRY

TELEPHONE

MY GENDER AT BIRTH WAS

- MALE
 FEMALE

MARITAL STATUS

- SINGLE MARRIED
 DIVORCED WIDOWED

EDUCATIONAL BACKGROUND UNIVERSITY OR COLLEGE(S) ATTENDED

NAME
[Grid of 20 boxes for name entry]

START DATE (MONTH/YEAR)
[Grid of 4 boxes for start date]

STREET ADDRESS
[Grid of 20 boxes for street address]

END DATE (MONTH/YEAR)
[Grid of 4 boxes for end date]

CITY
[Grid of 20 boxes for city]

GRADUATION DATE (MONTH/YEAR)
[Grid of 4 boxes for graduation date]

STATE [Grid of 2 boxes] ZIP CODE [Grid of 5 boxes]

DEGREE EARNED OR ANTICIPATED DEGREE
[Text box for degree earned]

CREDITS EARNED (INCLUDE CREDITS IN PROGRESS)
[Text box for credits earned]

UNIVERSITY OR COLLEGE(S) ATTENDED

NAME
[Grid of 20 boxes for name entry]

START DATE (MONTH/YEAR)
[Grid of 4 boxes for start date]

STREET ADDRESS
[Grid of 20 boxes for street address]

END DATE (MONTH/YEAR)
[Grid of 4 boxes for end date]

CITY
[Grid of 20 boxes for city]

GRADUATION DATE (MONTH/YEAR)
[Grid of 4 boxes for graduation date]

STATE [Grid of 2 boxes] ZIP CODE [Grid of 5 boxes]

DEGREE EARNED OR ANTICIPATED DEGREE
[Text box for degree earned]

CREDITS EARNED (INCLUDE CREDITS IN PROGRESS)
[Text box for credits earned]

GRADUATE SCHOOL ATTENDED (IF APPLICABLE)

NAME
[Grid of 20 boxes for name entry]

START DATE (MONTH/YEAR)
[Grid of 4 boxes for start date]

STREET ADDRESS
[Grid of 20 boxes for street address]

END DATE (MONTH/YEAR)
[Grid of 4 boxes for end date]

CITY
[Grid of 20 boxes for city]

GRADUATION DATE (MONTH/YEAR)
[Grid of 4 boxes for graduation date]

STATE [Grid of 2 boxes] ZIP CODE [Grid of 5 boxes]

DEGREE EARNED OR ANTICIPATED DEGREE
[Text box for degree earned]

CREDITS EARNED (INCLUDE CREDITS IN PROGRESS)
[Text box for credits earned]

If you studied outside of the United States, a foreign academic credential evaluation, a document that equates your foreign degree to an American degree using the American grading scale and credit system, is required for an admissions decision. Please visit www.naces.org for a comprehensive list of evaluation services accepted by Mercy College.

TEST SCORES

TEST TYPE

TEST DATE

TEST SCORE

TEST TYPE

TEST DATE

TEST SCORE

TEST TYPE

TEST DATE

TEST SCORE

TEST TYPE

TEST DATE

TEST SCORE

RELATIONSHIP INFORMATION (PLEASE COMPLETE FOR EACH PARENT OR GUARDIAN)

PARENT 1
 GUARDIAN
 IF NEITHER IS APPLICABLE, WHAT IS YOUR RELATIONSHIP TO THIS PERSON?

OCCUPATION

FULL NAME

TELEPHONE/CELL PHONE

STREET ADDRESS

APARTMENT #

CITY

STATE ZIP CODE

EMAIL

HIGHEST LEVEL OF EDUCATION COMPLETED

DECEASED? YES NO
 MERCY ALUM? YES NO
 MERCY EMPLOYEE? YES NO

PARENT 2
 GUARDIAN
 IF NEITHER IS APPLICABLE, WHAT IS YOUR RELATIONSHIP TO THIS PERSON?

OCCUPATION

FULL NAME

TELEPHONE/CELL PHONE

STREET ADDRESS

APARTMENT #

CITY

STATE ZIP CODE

EMAIL

HIGHEST LEVEL OF EDUCATION COMPLETED

DECEASED? YES NO
 MERCY ALUM? YES NO
 MERCY EMPLOYEE? YES NO

STUDENT INITIALS: _____

ADDITIONAL INFORMATION

HAS A FRIEND OR FAMILY MEMBER ATTENDED MERCY COLLEGE?

YES NO

WHAT IS THE HIGHEST LEVEL OF EDUCATION ATTAINED BY YOUR PARENTS?

ASSOCIATE'S DEGREE BACHELOR'S DEGREE MASTER'S DEGREE DOCTORAL DEGREE SOME COLLEGE HIGH SCHOOL DIPLOMA SOME HIGH SCHOOL

MILITARY EXPERIENCE

ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE ARMED FORCES?

YES NO

START DATE (MONTH/YEAR)

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END DATE (MONTH/YEAR)

--	--	--	--

BRANCH

--

ARE YOU ELIGIBLE FOR DIFFERENTIAL TUITION THROUGH AN EMPLOYER PARTNERSHIP?

YES NO

NAME OF INSTITUTION

--

HOW DID YOU HEAR ABOUT MERCY COLLEGE?

BUS STOP AD COLLEGE FAIR EMAIL BLAST GUIDANCE COUNSELOR LIVE IN AREA MAGAZINE AD SUBWAY AD
 CAMPUS VISIT DIRECT MAIL FLYER INTERNET NEWSPAPER AD RADIO AD TV AD
 RECRUITMENT EVENT REFERRED BY FAMILY MEMBER REFERRED BY FRIEND REFERRED BY STUDENT/ALUMNI

WHY ARE YOU PURSUING A GRADUATE DEGREE AT THIS TIME?

FURTHER EDUCATION CAREER CHANGE OTHER

STUDENT STATEMENT (TO BE SIGNED BY ALL APPLICANTS)

I certify that all information given in this application is complete and accurate. If I am admitted to Mercy College, I agree to abide by established rules and regulations of the college stated in the current Mercy College catalog.

STUDENT SIGNATURE

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DATE (MONTH/DAY/YEAR)

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SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18 YEARS OF AGE)

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DATE (MONTH/DAY/YEAR)

--	--	--	--	--	--

Please mail your completed
Graduate Application to:

**MERCY COLLEGE
STUDENT SERVICES SUPPORT CENTER
2651 STRANG BOULEVARD
YORKTOWN HEIGHTS, NY 10598**

**Please make sure your NAME
is on ALL the documents submitted.**

All documents submitted to Mercy College
will become property of the college
and will not be released back to the student.

Please refer to the **APPLICATION CHECKLIST**
on page 2 to ensure that you are submitting all
of the requirements for a complete application.





LETTER OF RECOMMENDATION

SUPPORTING DOCUMENT:

GRADUATE RECOMMENDATION FORM (TO BE FILLED OUT BY THE APPLICANT, PLEASE PRINT)

Please visit our Graduate Catalog, www.mercy.edu/academics/bulletins-catalogs to determine program specific requirements. This cover sheet should be accompanied by a formal letter written by a professional reference.

FIRST NAME										MIDDLE NAME					SOCIAL SECURITY NUMBER				
LAST NAME																			
STREET ADDRESS										APARTMENT #									
CITY*										STATE*		ZIP CODE*							

Under the federal Family Educational Rights and Privacy Act of 1974, as amended, (PL 93-380) students entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or deadline to do so. The College does not require that you make such a waiver as a condition for admission.

I WAIVE MY RIGHT TO THIS RECOMMENDATION.

I DO NOT WAIVE MY RIGHT OF ACCESS TO THIS RECOMMENDATION.

I HEREBY AUTHORIZE

TO COMPLETE THIS RECOMMENDATION, WITH THE UNDERSTANDING THAT THE INFORMATION WILL BE KEPT CONFIDENTIAL.

APPLICANT'S STUDENT SIGNATURE

DATE (MONTH/DAY/YEAR)

NAME OF REFERENCE

REFERENCE ORGANIZATION

REFERENCE ADDRESS

REFERENCE TELEPHONE NUMBER

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION

The student above is applying for admission to a Mercy College Graduate Program, and has selected you to provide a reference. Please respond to the following on the applicant's behalf.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW WELL DO YOU KNOW THE APPLICANT?

VERY WELL
 FAIRLY WELL
 NOT WELL

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

PLEASE DESCRIBE THE QUALIFICATIONS, TRAITS, STRENGTHS, OR ACCOMPLISHMENTS YOU FEEL ARE SIGNIFICANT IN DEMONSTRATING THE APPLICANT'S ABILITY TO COMPLETE THE GRADUATE PROGRAM. PLEASE ADD A SEPARATE SHEET OF PAPER IF NECESSARY.

ARE THERE ANY CONCERNS THAT MAY LIMIT THE APPLICANT'S SUCCESS IN COMPLETING THE GRADUATE PROGRAM?

IN COMPARISON WITH OTHER STUDENTS YOU HAVE TAUGHT, OR OTHER EMPLOYEES WITH WHOM YOU HAVE WORKED OR SUPERVISED, HOW DO YOU RATE THE APPLICANT ON THE FOLLOWING CHARACTERISTICS? PLEASE CHECK THE APPROPRIATE BOX.

CHARACTERISTIC	OUTSTANDING	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE	NOT OBSERVED
CRITICAL THINKING AND ANALYTICAL SKILLS						
LEADERSHIP CAPABILITY						
EMOTIONAL STABILITY AND MATURITY						
ABILITY TO WORK IN A TEAM, COLLABORATIVE ABILITY						
SPEAKING SKILLS						
WRITING SKILLS						
INTERPERSONAL SKILLS						
ABILITY TO WORK INDEPENDENTLY						
ORGANIZATIONAL SKILLS						

PLEASE INDICATE THE CONFIDENCE WITH WHICH YOU WOULD OR WOULD NOT RECOMMEND THE APPLICANT FOR ADMISSION TO MERCY COLLEGE'S GRADUATE PROGRAM.

STRONGLY RECOMMEND
 RECOMMEND
 RECOMMEND WITH RESERVATIONS
 NOT RECOMMEND

SIGNATURE

DATE (MONTH/DAY/YEAR)

--	--	--	--	--	--	--	--	--	--

NAME (PLEASE PRINT)

TITLE

ORGANIZATION

BUSINESS TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS

EMAIL

Please return this letter in a sealed envelope to Mercy College. Be sure you have sealed the envelope and signed across the seal. A formal letter should also accompany this document.

**MERCY COLLEGE
STUDENT SERVICES SUPPORT CENTER
2651 STRANG BOULEVARD
YORKTOWN HEIGHTS, NY 10598**



MERCY
COLLEGE

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