MAVERICK
APPLICATION FOR GRADUATE ADMISSION
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
- Transcripts

* 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 - CONTINUED

SCHOOL OF EDUCATION - Single Initial Certificate
- Chemistry Adolescent, Grades 7-12  MS ACES
- 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 AISD
- 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-Grade2  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 AISM
- Social Studies Adolescence Education, Grades 7-12  MS AISD

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 EDUS
- School District Leader Alternate Certificate (TRANS D)  MS SDAC

Advanced Certificate (Must Hold Current Teaching Certificate)
- Bilingual Extension  ACER BLNS
- School District Leader  ACER SDLD
- 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 NFNP
- 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  MS ENGL

SCHOOL OF SOCIAL & BEHAVIORAL SCIENCES
- Counseling  MS CDNS
- Health Service Management  MS 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.

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

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

CONTACT US

Email admissions@mercy.edu
Phone 1.877.MERCY.GO
Online www.mercy.edu
Fax 914.455.3509

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
# APPLICATION FOR GRADUATE ADMISSION

Apply now—visit [www.mercy.edu/apply](http://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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>MR.</th>
<th>MRS.</th>
<th>MS.</th>
<th>DR.</th>
<th>REQUIRED FIELDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDDLE NAME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAST NAME*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIRTH DATE (MONTH/DAY/YEAR)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER LAST NAMES USED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERRED NAME/NICKNAME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERMANENT ADDRESS*</td>
<td>APARTMENT #*</td>
<td>DAY PHONE*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATE*</td>
<td>POSTAL CODE*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNTRY</td>
<td>NIGHT PHONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT EMAIL</td>
<td>MOBILE PHONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PREFERRED MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>APARTMENT #</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>COUNTRY</td>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

## MY GENDER AT BIRTH WAS

- [ ] MALE
- [ ] FEMALE

## MARITAL STATUS

- [ ] SINGLE
- [ ] MARRIED
- [ ] DIVORCED
- [ ] WIDOWED
STUDENT INITIALS: ________

CITIZEN INFORMATION

ARE YOU A U.S. CITIZEN? YES NO
ARE YOU A DUAL CITIZEN? YES NO
IF YES, WITH WHICH COUNTRY?

ARE YOU A PERMANENT U.S. RESIDENT? YES NO
DO YOU WISH TO APPLY FOR F1? YES NO
IF YOU ARE ALREADY IN THE U.S. PLEASE SELECT YOUR VISA TYPE HERE:
B1 B2 F2 H1 H4 J1 OTHER

RACE/ETHNICITY

ARE YOU HISPANIC OR LATINO? YES NO
PLEASE INDICATE HOW YOU IDENTIFY YOURSELF (SELECT ONE OR MORE):
AMERICAN INDIAN OR ALASKAN NATIVE
ASIAN
BLACK OR AFRICAN AMERICAN
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
WHITE

LANGUAGE

HOW MANY LANGUAGES ARE YOU PROFICIENT IN? 1 2 3 4 5 MORE
WHAT IS YOUR FIRST LANGUAGE?
LANGUAGE 2: ___________________ SPEAK READ WRITE SPOKEN AT HOME
LANGUAGE 3: ___________________ SPEAK READ WRITE SPOKEN AT HOME
PLEASE LIST ANY OTHER LANGUAGES IN WHICH YOU ARE PROFICIENT:
________________________________________________________________________________

PROGRAM INFORMATION

DESIRED ENTRANCE DATE: YEAR
FALL WINTER SPRING SUMMER

INTENDED MAJOR CONCENTRATION

(ENTER THE CODE FOUND IN THE DEGREE PROGRAMS SECTION LOCATED ON PAGE ONE.)

FULL-TIME OR PART-TIME

I PLAN TO STUDY:
FULL-TIME PART-TIME

CURRENT EMPLOYMENT INFORMATION

EMPLOYER NAME

ADDRESS

CITY* STATE POSTAL CODE

CHOOSE OF CAMPUS

WHICH CAMPUS DO YOU WISH TO ATTEND?
(NOT ALL PROGRAMS ARE OFFERED AT EVERY CAMPUS)
DOBBS FERRY - (MAIN CAMPUS) MANHATTAN BRONX
YORKTOWN HEIGHTS MERCY ONLINE

FULL-TIME OR PART-TIME

PLEASE VISIT OUR GRADUATE CATALOG FOR MORE INFORMATION ON COURSE LOAD REQUIREMENTS FOR FULL- AND PART-TIME STATUS:
WWW.MERCY.EDU/ACADEMICS/BULLETINS-CATALOGS

EMPLOYER NAME

ADDRESS

CITY* STATE POSTAL CODE
### Educational Background

**University or College(s) Attended**

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date (Month/Year)</th>
<th>Street Address</th>
<th>End Date (Month/Year)</th>
<th>City</th>
<th>Graduation Date (Month/Year)</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree Earned or Anticipated Degree</th>
<th>Credits Earned (Include Credits in Progress)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**University or College(s) Attended**

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date (Month/Year)</th>
<th>Street Address</th>
<th>End Date (Month/Year)</th>
<th>City</th>
<th>Graduation Date (Month/Year)</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree Earned or Anticipated Degree</th>
<th>Credits Earned (Include Credits in Progress)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Graduate School Attended (If Applicable)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date (Month/Year)</th>
<th>Street Address</th>
<th>End Date (Month/Year)</th>
<th>City</th>
<th>Graduation Date (Month/Year)</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree Earned or Anticipated Degree</th>
<th>Credits Earned (Include Credits in Progress)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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](http://www.naces.org) for a comprehensive list of evaluation services accepted by Mercy College.
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

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
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) ___  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 ___

DATE (MONTH/DAY/YEAR) ___

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

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.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>OUTSTANDING</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRITICAL THINKING AND ANALYTICAL SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEADERSHIP CAPABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMOTIONAL STABILITY AND MATURITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABILITY TO WORK IN A TEAM, COLLABORATIVE ABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPEAKING SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRITING SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERPERSONAL SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABILITY TO WORK INDEPENDENTLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORGANIZATIONAL SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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.