



D'Youville

APPLICATION FOR GRADUATE ADMISSION and ADVANCED CERTIFICATE PROGRAMS

DIRECTIONS TO ALL APPLICANTS:

- A. Attach to the application a non-refundable check or money order in the amount of \$25 (U.S. Funds) payable to "D'Youville College Application Fee."
- B. Request official transcripts from **ALL** colleges, universities, and graduate schools previously attended. In addition, Canadian students applying to the Teacher Certification Program or a Master's degree program in Education, must also submit a high school transcript. Nursing program candidates must submit a copy of their licence.
- C. Health Requirements: Accepted students are required to submit a Health Form, completed by their doctor, to the D'Youville College Health Center. New York State requires individuals born on or after January 1, 1957 to submit proof of immunity for measles, mumps, and rubella prior to registration. For more information, please contact the Health Center at (716) 829-7698.
- D. International/Foreign student applicants (other than Canadian) whose native language is not English, must submit TOEFL (Test of English as a Foreign Language) test scores.
- E. **ATTENTION CANADIAN EDUCATION STUDENTS:** Applications are reviewed on a rolling admissions basis. Action on an application begins when a candidate's file is complete. Candidates are encouraged to apply as early as possible as spaces are limited. Please note that our programs may fill-up without advance notice. Admission is on a first-come, first-served basis. Please do not wait to apply at an Information Session.

RETURN APPLICATION TO:

Graduate Admissions
D'Youville College
One D'Youville Square
320 Porter Avenue
Buffalo, New York 14201
PHONE: (716) 829-8400 FAX: (716) 829-7900
WEB SITE: www.dyc.edu
E-MAIL: graduateadmissions@dyc.edu



Individuals with disabilities who require reasonable accommodations and for information on accessible entrances and pathways to access this program service, please contact: **Graduate Admissions, (716) 829-8400** in a reasonable time prior to the event so that the accommodations can be made. This brochure is available in alternative formats upon request: (716) 829-8400.

FOR OFFICE USE ONLY

Application Received:	Date _____	Initials _____
Application Fee Paid:	Date _____	Initials _____
Entered on Computer:	Date _____	Initials _____
Sent to Program:	Date _____	Initials _____

PERSONAL INFORMATION (PLEASE PRINT)

1. U.S. Social Security Number or Canadian Social Insurance Number _____
2. Name(Mr.,Ms.,Miss,Mrs.) _____
FIRST MIDDLE LAST MAIDEN
3. Other Names Under Which Academic Records Are Kept _____
4. Date of Birth _____ 5. Sex: Male Female
MONTH/DATE/YEAR
6. Date you expect to enter D'Youville College:
 Fall (SEPTEMBER) Spring (JANUARY) Summer (MAY) Year _____ Full time Part time
7. Permanent Address _____
STREET CITY OR TOWN
STATE/PROVINCE ZIP/POSTAL CODE COUNTY (AREA CODE) PHONE
8. Mailing Address (IF DIFFERENT FROM PERMANENT ADDRESS)
STREET CITY OR TOWN
STATE/PROVINCE ZIP/POSTAL CODE (AREA CODE) PHONE UNTIL (DATE)
9. Business Phone _____ Cell Phone _____
(AREA CODE) EXTENSION (AREA CODE)
10. E-mail Address _____
11. Preferred method of contact (check all that apply): cell phone e-mail mail home telephone work phone
12. Country of Birth _____ Citizenship U.S.A. Canada Dual U.S./Canadian Other _____

*NON-U.S. CITIZENS MUST COMPLETE THE FOLLOWING SECTION:

13. Will you require an F-1 student visa? Yes No
14. Are you a permanent resident of the United States? Yes No
Are you a permanent resident of Canada? Yes No
15. If you are not a U.S. permanent resident and you are currently in the U.S., please indicate your visa type: _____

**Non-U.S. citizens, please provide the Admissions office with a copy of your passport and current U.S. visa (if applicable)*

The following information is requested at the direction of the U.S. Department of Education. Responding to these questions is entirely voluntary.

16. Are you Hispanic/Latino? Yes No
17. Please indicate your racial or ethnic origin. (please indicate all that apply)
____ American Indian or Alaska Native _____ Asian
____ Black or African American _____ Native Hawaiian or other Pacific Islander
____ White _____ Other (please specify _____)
18. Eligible for Veterans Educational Benefits: Yes No
If yes, please contact the registrar's office for more information at (716) 829-7626.

19. Employment Record (IF APPLICABLE). List current/most recent employer first:

EMPLOYER	POSITION	TOWN/CITY	STATE/PROVINCE	DATES EMPLOYED

20. Are you a member of NYSUT? Yes No

21. How did you become aware of D'Youville College? (PLEASE CHECK ALL THAT APPLY).

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> American OT Association | <input type="checkbox"/> American PT Association | <input type="checkbox"/> Alumni | <input type="checkbox"/> Coach |
| <input type="checkbox"/> College Day | <input type="checkbox"/> College Night | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> DYC Faculty/Admissions |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Graduate College/Career Fair | <input type="checkbox"/> Graduate School Guide | <input type="checkbox"/> High School Visit |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Mail | <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Other | <input type="checkbox"/> Phonebook | <input type="checkbox"/> Radio | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Relative | <input type="checkbox"/> TV | | |

22. List any other colleges or universities to which you have applied.

1. _____ 3. _____
 2. _____ 4. _____

EDUCATIONAL BACKGROUND

23. List ALL colleges, universities, and graduate schools previously attended, beginning with the most recent.

Please forward all official transcripts to the graduate admissions office.

SCHOOL	TOWN/CITY	STATE/PROVINCE	DEGREE EARNED/DATE	MAJOR FIELD(S)

24. Type of bachelor's degree held: three-year four-year

25. If currently enrolled in a graduate or undergraduate program, please list courses in progress or to be taken before you intend to transfer to D'Youville College (IF APPLICABLE). Please forward all official transcripts to the graduate admissions office.

COURSE	COLLEGE/UNIVERSITY	CREDIT HOURS	COMPLETION DATE

26. Canadian applicants only:

Please list the following high school information and forward a high school transcript to the graduate admissions office.

High School Name _____

Address _____
STREET

CITY/TOWN _____ STATE/PROVINCE _____ POSTAL CODE _____ (AREA CODE) PHONE _____

Date of Graduation _____
MONTH YEAR

EDUCATIONAL BACKGROUND (CONTINUED)

27. Are you interested in on-campus housing? Yes No

If Yes,

- Full-time – For information about full-time on-campus housing, please contact the residence life office at (716) 829-7698.
 Part-time – Please see enclosed information sheet.

D'Youville College admits students of any race, color, age, national or ethnic origin, to all rights, privileges, programs, and activities generally accorded its students. It does not discriminate on the basis of gender, race, color, handicap, national or ethnic origin, age, religion or creed in the administration of its educational policies, scholarships, programs, and athletic and other institutionally administered programs.

D'YOUVILLE GRADUATE ACADEMIC PROGRAMS

28. CHECK THE PROGRAM IN WHICH YOU WISH TO ENROLL:

MASTER OF SCIENCE DEGREES

- Education
 Childhood Education
 Adolescence Education (Teaching Area [see subject list below] _____)
 Special Education/Childhood
 Special Education/Adolescence (Teaching Area [see subject list below] _____)
 TESOL (Teaching English to speakers of other languages)
 Weekend Education Program
 Childhood Education
 Adolescence Education (Teaching Area [see subject list below] _____)

TEACHING AREAS INCLUDE:

Biology	Chemistry	Earth Science	English	Spanish	* Canadians must choose either
Mathematics	Physics	Social Studies*	French	Latin	Geography or History

- Health Services Administration
 International Business
 Nursing (choose major)
 Clinical Nurse Specialist in Community Health Nursing
CHECK PREFERRED OPTION BELOW:
_____ Advanced Clinical Nursing _____ High Risk Parents and Children
_____ Management _____ Teaching
 Family Nurse Practitioner Nursing (choice of clinical focus)
 Occupational Therapy

PROFESSIONAL DEGREES

- Doctor of Chiropractic (D.C.) Doctor of Physical Therapy (D.P.T.) (choose degree option) Doctor of Physical Therapy (D.P.T.) (transitional)

ADVANCED CERTIFICATE PROGRAMS (Must already hold a baccalaureate degree)

- Clinical Research Associate
 Family Nurse Practitioner (POST-MASTER'S CERTIFICATE)
 Health Services Administration
 Long-Term Care Administration
 Nursing and Health-Related Professions Education

SIGNATURE:

I certify that the information listed above is true and accurate to the best of my ability.

Applicant Signature: _____

(APPLICATION CAN NOT BE PROCESSED WITHOUT STUDENT'S SIGNATURE)

DATE _____