

Application for Graduate Programs



THE JESUIT COLLEGE OF NEW JERSEY

EDUCATION. ONE STUDENT AT A TIME.

Master of Arts in Education • Teacher Certification Program
Supervisor of Instruction Certificate Program
Master of Business Administration • Master of Science in Accountancy
Master of Science in Nursing • Post-Master's Certificate in Adult Nurse Practitioner
RN to MSN Bridge Program

Application for Graduate Admission

Instructions for the Applicant:

1. Answer fully and completely all questions on this application.
2. A personal statement of your educational and professional goals is required. Please use the back of this application to write your personal statement or attach a separate sheet of paper.
3. Return the completed application in the enclosed postage-paid envelope.
4. Arrange to have official undergraduate and graduate transcripts from all colleges and universities you have attended, recommendation forms, and test scores, sent to Saint Peter's College, Office of Graduate Admissions, 2641 Kennedy Boulevard, Jersey City, New Jersey 07306.
5. Call the Office of Graduate Admissions at (201) 915-9203 if you have any questions.

GENERAL INFORMATION

To which location are you applying?

- Jersey City Englewood Cliffs South Amby
 Other Location _____

please specify

When do you plan to start?

Year _____ Fall Winter Spring Summer

What status are you seeking? (please choose two)

- Full-time or Part-time
 Matriculate (degree-seeking) or Non-Matriculate

GRADUATE PROGRAMS

- | | | |
|---|--|--|
| <input type="checkbox"/> Master of Arts in Education:
<input type="checkbox"/> Reading
<input type="checkbox"/> Administration & Supervision
<input type="checkbox"/> Teaching | <input type="checkbox"/> Master of Business Administration:
<input type="checkbox"/> Finance
<input type="checkbox"/> International Business
<input type="checkbox"/> Management
<input type="checkbox"/> Management Information Systems
<input type="checkbox"/> Marketing | <input type="checkbox"/> Non-Degree Programs
<input type="checkbox"/> Teaching Certification
<input type="checkbox"/> Supervisor of Instruction
<input type="checkbox"/> Post Master's Certificate
in Adult Nurse Practitioner

<input type="checkbox"/> Dual Degree:
<input type="checkbox"/> M.B.A. and M.S. in Accountancy |
| <input type="checkbox"/> Master of Science in Accountancy | | |
| <input type="checkbox"/> Master of Science in Nursing
<input type="checkbox"/> Adult Nursing Practitioner
<input type="checkbox"/> Case Management
<input type="checkbox"/> RN to MSN Bridge | | |

PERSONAL INFORMATION

Social Security No. _____ Date of Birth: _____

Applicant's Full Legal Name _____
last first middle

Home Address _____
street bldg./apt. #

city state zip county

E-Mail Address _____ Home Telephone Number (____) _____

Last Name on prior College Transcripts: _____ Cell Phone (____) _____

Mailing address if different from above _____
street city state zip county

Do you plan to attend Saint Peter's College on an F1 Visa? Yes No

Are you a U.S. Citizen? Yes No Permanent resident? Yes No Current Visa Classification _____ Country of citizenship _____

How did you learn about Saint Peter's College? Co-worker/friend Advertisement Open House
 Received mail from SPC Other _____

Would you like information about financial assistance (loans and payment plans)? Yes No

EXAMS

Please indicate the date you took or when you intend to take the required exam for the program to which you are applying.

GRE _____ month/year GMAT _____ month/year MAT _____ month/year

