APPLICATION
FELICIAN COLLEGE
GRADUATE PROGRAMS

APPLICATION INSTRUCTIONS
Please complete the Application for Graduate Admission accurately and neatly, and return it, along with your $40 non-refundable application fee to the address below.

The enclosed chart lists additional items that must be submitted with your application. Your application will not be reviewed until all required items are received.

APPLICATION FEE
Your $40 application fee is non-refundable. You may pay this fee with a major credit card, or a check or money order made payable to Felician College. You may also pay your deposit online by credit card or e-check at: http://felician.edu/admissions/costs-tuition/application-deposit-payment.

If you receive a fee waiver, are a current student at Felician College, or are a graduate of Felician College, you are not required to submit an application fee.

TRANSCRIPTS
Your transcripts must be official copies bearing a registrar’s seal. Transcripts must be sent to Felician College directly from institutions previously attended, or they may be sent by you if mailed in an envelope signed and sealed by the registrar. International students must submit transcripts evaluated by a credential evaluation service such as World Education Services (WES), AACRAO, or any credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES).

RECOMMENDATIONS
If you are required to submit any recommendations with your application, please use the recommendation form provided, and have the person(s) completing the forms mail them directly to Felician College at the address indicated on the form.

In lieu of the recommendation form provided in this application, you may submit a signed letter of recommendation on a company letterhead. If you are required to submit more than one recommendation, please copy the enclosed form.

OFFICE OF ADMISSION
One Felician Way • Rutherford, NJ 07070
Phone: 201.355.1465 • Fax: 201.355.1443
admissions@felician.edu • felician.edu

Felician College is Sponsored by the Felician Sisters
PERSONAL INFORMATION

First Name ___________________________ Middle Name ___________________________ Last Name ___________________________

Maiden or former names that may appear on transcripts, test scores, etc. ___________________________

Gender  ☐ Male  ☐ Female

Social Security # (Required if applying for financial aid and for Federal 1098T forms) ___________________________ Date of Birth (DD/MM/YYYY) ___________________________

Number and Street ___________________________ Apartment No ___________________________ City ___________________________ State ___________________________ ZIP ___________________________

County ___________________________ Country ___________________________

Home Phone ___________________________ Business Phone ___________________________

Cell Phone ___________________________ Fax ___________________________ E-mail ___________________________

Do you authorize Felician College to send you text messages about important information and deadlines?  ☐ Yes  ☐ No

Are you currently serving in the military or a U.S. veteran?  ☐ Yes  ☐ No

ACADEMIC INFORMATION: In chronological order, please list all schools attended from high school to present.

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Location</th>
<th>Degree</th>
<th>Major/Minor</th>
<th>Dates Attended</th>
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SIGNATURE

I, the applicant, declare that the information provided on this application is true and complete to the best of my knowledge. I understand that failure to answer all required questions and submit required documents may delay the processing of my application.

If I am admitted to Felician College, I agree to comply with all regulations stated in the College catalogue, student handbook and other policy documents provided by the College. I agree to the release of my image for use in college promotional materials. I also, as an applicant, give permission to Felician College to obtain my official transcripts for evaluation. I understand that all materials submitted as part of this application are the property of Felician College and cannot be returned to me.

Signature ___________________________ Date ___________________________

Felician College does not discriminate on the basis of race, color, gender, age, religion, national origin, or any physical, mental or educational disability.
If you are an international student whose native language is not English, you will be required to submit a TOEFL (IBT 79, paperbased 550) or IELTS (6.5) score.

The TOEFL or IELTS requirement will be waived for any student who has studied in an institution whose primary language of instruction is English for at least one year or earned a C or better in an English 101 course from an American university.

In lieu of submitting the TOEFL, students may also opt to successfully complete the English as a Second Language program at Felician College. In this case, students will gain conditional admission into Felician College and be able to matriculate into their degree program only after passing an internally administered proficiency test or obtaining an ELS English for Academic Purposes Level-112 Completion Certificate within the past two years.

If your previous institution was outside of the U.S., you will also be required to have a course-by-course credential evaluation completed by a credential evaluation service such as World Education Services (WES), AACRAO or any credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES). For more information, visit naces.org.

If you require a student visa, please contact the Office of International Programs at +1.201.559.3518 or oip@felician.edu for more information.
Are you a Certified Teacher?  [  ] Yes  [  ] No  If yes, in which state(s) __________________________________________________________

Are you a Registered Nurse?  [  ] Yes  [  ] No
If yes, you must attach copy of your RN license and answer below:

<table>
<thead>
<tr>
<th>RN License Number</th>
<th>State</th>
<th>Exp. Date</th>
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</tbody>
</table>

Are there any Board of Nursing disciplinary actions against your license?  [  ] Yes  [  ] No  If yes, explain on a separate sheet.

This data is collected for institutional research purposes only.

RACE AND ETHNICITY:
Hispanic or Latino:  [  ] Yes  [  ] No

Describe your ethnic background (select all that apply):

[  ] Asian  [  ] Black or African American  [  ] American Indian or Alaska Native – Enrolled  Tribunal Affiliation
[  ] Native Hawaiian or Other Pacific Islander  [  ] White  [  ] Other

RELIGION:

[  ] Catholic  [  ] Hindu  [  ] Muslim  [  ] Buddhist  [  ] Jewish  [  ] Pentecostal  [  ] Baptist  [  ] Lutheran
[  ] Methodist  [  ] Episcopal  [  ] Presbyterian  [  ] Unitarian  [  ] Other

HOW DID YOU LEARN ABOUT FELICIAN COLLEGE? (Check all that apply)

[  ] Mail received from Felician College.

[  ] Poster or billboard. If yes, where? __________________________________________________________

[  ] Newspaper/magazine advertisement. If so, name of publication. __________________________________________________________

[  ] Felician College representative at my school or workplace. If so, where? __________________________________________________________

[  ] School counselor, human resources office or parish. If yes, where? __________________________________________________________

[  ] Friend, family member, teacher, colleague, Felician student or alumni.

[  ] Internet search.

[  ] Online advertising.

[  ] Fair or convention.

[  ] Other: ____________________________________________________________________________
INTENDED START DATE AND LOCATION

Intended start date: ____________________________________________________________

Intended location (check one):
☑ Felician's Lodi/Rutherford campus
☑ Online
☑ Off-campus at the following partner institution:
  — East Orange General Hospital
  — Monmouth Medical Center
  — Kimball Medical Center
  — Saint Barnabas Medical Center
  — Other ________________________________

MAJOR

Please select the desired program of interest:

BUSINESS & HEALTHCARE ADMINISTRATION

[ ] Master of Business Administration (MBA) in Innovation and Entrepreneurial Leadership
[ ] Master of Science in Healthcare Administration
[ ] Doctor of Business Administration (DBA)

COUNSELING PSYCHOLOGY

[ ] Master of Arts in Counseling Psychology

EDUCATION

[ ] Master of Arts in Education
  — with initial certification (requires student teaching)
  — without certification (does not require student teaching)
  — Elementary Education (K-6)
  — Teachers of Students with Disabilities
    Dual certification with Elementary Education
[ ] Master of Arts in Education: Leadership
  — with Principal and Supervisory Certifications
  — with Supervisory Certification only
[ ] Post-Master's Certificate Program for Supervisory Certification for those who already hold a master's degree
[ ] Master of Arts in Education
  — School Nursing and Health Education
  — School Nursing
  — Health Education
[ ] Graduate Certification in School Nursing or School Nursing and Teacher of Health Education
[ ] Post-Baccalaureate Teacher Education Certificate
  — Early Childhood
  — Elementary
  — Secondary
  — Special Education

NURSING

[ ] Master of Science in Nursing
  — Adult-Gerontology Nurse Practitioner online
  — Family Nurse Practitioner online
  — Education
  — Executive Leadership
[ ] Doctor of Nursing Practice
  — Advanced Practice
  — Executive Leadership
[ ] Post-Master's Certificate
  — Adult-Gerontology Nurse Practitioner
  — Family Nurse Practitioner
  — Education
  — Executive Leadership
[ ] Accelerated BSN (ABSN)

RELIGIOUS EDUCATION

[ ] Master of Arts in Religious Education online
[ ] Graduate Certificate in Religious Education online
[ ] Post-Master's Certificate in Religious Education online
Graduate admission requirements vary by program. Please see the chart below to identify the requirements for your program of interest. In addition to all requirements indicated in the chart, you must submit a $40 application fee.

<table>
<thead>
<tr>
<th>Program</th>
<th>Official Transcripts</th>
<th>Test Scores</th>
<th>Number of Recommendations</th>
<th>Personal Statement</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RELIGIOUS EDUCATION</strong></td>
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<td></td>
</tr>
<tr>
<td>Master of Arts in Religious Education or Post-Master’s Certificate</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>One (professional: pastor, DRE, principal)</td>
<td>Yes</td>
<td>Ministerial Discount Form (if applicable) Interview</td>
</tr>
<tr>
<td>Online only</td>
<td></td>
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<tr>
<td><strong>COUNSELING PSYCHOLOGY</strong></td>
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</tr>
<tr>
<td>Master of Arts in Counseling Psychology</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional)</td>
<td>Yes</td>
<td>Résumé</td>
</tr>
<tr>
<td><strong>BUSINESS AND HEALTHCARE ADMINISTRATION</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Doctor of Business Administration (DBA)</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional)</td>
<td>Yes</td>
<td>Résumé</td>
</tr>
<tr>
<td>Master of Business Administration (MBA) in Innovation and Entrepreneurial Leadership</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
<td>Résumé</td>
</tr>
<tr>
<td>Master of Science in Healthcare Administration</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
<td>Résumé</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
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<tr>
<td>Master of Arts in Education and Master of Arts in Education: Leadership</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two</td>
<td>Yes</td>
<td>Copy of Teacher License if applicable, Interview</td>
</tr>
<tr>
<td>Master of Arts in Education: School Nursing and/or Health Education</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two</td>
<td>Yes</td>
<td>Copy of Nursing License</td>
</tr>
<tr>
<td>Certificate: School Nursing or School Nursing and Health Education</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two</td>
<td>Yes</td>
<td>Copy of Nursing License</td>
</tr>
<tr>
<td>Post-Master’s Certificate Program for Supervisory Endorsement</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two</td>
<td>Yes</td>
<td>Copy of Teacher License</td>
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<tr>
<td><strong>NURSING</strong></td>
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<tr>
<td>Doctor of Nursing Practice: Advanced Practice*</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional)</td>
<td>Yes</td>
<td>Contact Admissions for info</td>
</tr>
<tr>
<td>Doctor of Nursing Practice: Executive Leadership*</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional)</td>
<td>Yes</td>
<td>Contact Admissions for info</td>
</tr>
<tr>
<td>Master of Science in Nursing: Education</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional or academic)</td>
<td>Yes</td>
<td>Nursing License</td>
</tr>
<tr>
<td>Master of Science in Nursing: • Adult-Gerontology Nurse Practitioner • Family Nurse Practitioner</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional or academic)</td>
<td>Yes</td>
<td>Nursing License</td>
</tr>
<tr>
<td>Master of Science in Nursing: Executive Leadership</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional or academic)</td>
<td>Yes</td>
<td>Nursing License</td>
</tr>
<tr>
<td>Post-Master’s Certificate: • Adult-Gerontology Nurse Practitioner • Family Nurse Practitioner • Executive Leadership • Education</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional or academic)</td>
<td>Yes</td>
<td>Nursing License</td>
</tr>
<tr>
<td>Accelerated BSN (ABSN)</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>Two (professional or academic)</td>
<td>Yes</td>
<td>N/A</td>
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</table>

*Additional requirements may be necessary. Contact your admission counselor.
TO BE COMPLETED BY APPLICANT

Applicant's Name

Address

City

State

Zip Code

Country

Phone

E-mail

Program for which you are applying

The Educational Amendments Act of 1974 (public law 93-380) allows students the right to inspect recommendations if the applicant does not waive this right and subsequently enrolls at the college. Please check below to indicate if you wish to waive the right to inspect recommendations in your file:

☑ Yes, I waive my right.

☐ No, I do not waive my right.

Signature

Date

TO BE COMPLETED BY RECOMMENDER

Recommender's Name

Title

Phone

Relation to the applicant

How long have you known the applicant?

Please check the appropriate box to indicate the candidate's qualities in each category:

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Below Average</th>
<th>Average</th>
<th>Very Good</th>
<th>Excellent</th>
<th>No Basis For Judgement</th>
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<tr>
<td>Analytical skills</td>
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<td>Verbal skills</td>
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<td>Writing skills</td>
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<td>Leadership ability</td>
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<td>Maturity</td>
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<tr>
<td>Initiative</td>
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<td>Motivation</td>
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<td>Dependability</td>
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Please complete the reverse side.
Please indicate your recommendation for admission:

<table>
<thead>
<tr>
<th>Based on academic ability</th>
<th>Poor</th>
<th>Fair</th>
<th>Strong</th>
<th>Enthusiastic</th>
<th>No Basis For Judgement</th>
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</thead>
<tbody>
<tr>
<td>Based on character and maturity</td>
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<tr>
<td>Based on suitability for field</td>
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<tr>
<td>Overall</td>
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In the space provided below or on a separate sheet, please provide any additional comments or observations about the applicant.

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Signature

Date