APPLICATION INSTRUCTIONS

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

Felician College
Office of Admission
One Felician Way
Rutherford, NJ 07070

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

APPLICATION FEE

Your $40 application fee is non-refundable. A check or money order should be made payable to Felician College. If you receive a fee waiver, are a current student at Felician College, or a graduate of Felician College, you are not required to submit an application fee.

TRANSCRIPTS

Your transcripts should be official copies bearing a Registrar's seal. Transcripts should be sent to Felician College directly from institutions previously attended, or they may be submitted in a sealed envelope from the institution.

RECOMMENDATIONS

If you are required to submit a recommendation(s) 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 above. In lieu of the recommendation forms provided in this application, you may submit a signed letter of recommendation on a company letterhead.
### PERSONAL INFORMATION

First Name | Last Name | Middle Name | Former Name
---|---|---|---

GENDER [ ] Male [ ] Female

Social Security Number (Voluntary) | Date of Birth (MM/DD/YYYY)

### CONTACT INFORMATION

Number and Street | Apartment No | City | State | Zip Code
---|---|---|---|---

County | Country

Home Phone | Business Phone | Cell Phone | Fax | E-mail

### ACADEMIC INFORMATION

In chronological order, please list all schools attended from post-secondary to present.

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Location</th>
<th>Degree</th>
<th>Major/Minor</th>
<th>Date</th>
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<td>To:</td>
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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 used for 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.
EMPLOYMENT INFORMATION
List your employment history or attach a resume (MBA applicants must submit resume)

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Dates of employment</th>
<th>Position</th>
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</table>

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

OPTIONAL INFORMATION
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 Tribal 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.
[ ] Fair or convention.
[ ] Other:

Name of employer
List your employment history or attach a resume (MBA applicants must submit resume)
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

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

NURSING

[ ] Master of Science in Nursing
  ___ Family Nurse Practitioner online
  ___ Adult-Gerontoloy Nurse Practitioner online
  ___ Education
  ___ Executive Leadership

[ ] Doctor of Nursing Practice
  ___ Advanced Practice
  ___ Executive Leadership

[ ] Post-Master’s Certificate
  ___ Adult and Family Nurse Practitioner online
  ___ Executive Leadership
  ___ Education

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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</tr>
<tr>
<td>Master of Arts in Religious Education or Graduate and Post-Master's</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>None</td>
<td>One (professional: pastor,</td>
<td>Yes</td>
<td>Ministerial Discount Form</td>
</tr>
<tr>
<td>Certificate-online only</td>
<td></td>
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<td>DRE, principal)</td>
<td></td>
<td>(if applicable) Interview</td>
</tr>
<tr>
<td><strong>COUNSELING PSYCHOLOGY</strong></td>
<td></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>N/A</td>
</tr>
<tr>
<td><strong>BUSINESS AND HEALTHCARE ADMINISTRATION</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master of Business Administration (MBA) in Innovation and Entrepreneur</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>GMAT (May be</td>
<td>None</td>
<td>Yes</td>
<td>Resume</td>
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<tr>
<td>Leadership</td>
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<td>waived)</td>
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</tr>
<tr>
<td>Master of Science in Healthcare Administration</td>
<td>From all undergraduate and/or graduate institutions</td>
<td>GMAT or GRE</td>
<td>None</td>
<td>Yes</td>
<td>Resume</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
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</tr>
<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</td>
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<td></td>
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<td>applicable, Interview</td>
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<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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<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 Nurse Practitioner, Family Nurse</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>
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<tr>
<td>Practitioner</td>
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<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>
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<tr>
<td>Post-Master’s Certificate: Adult and 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>
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<tr>
<td>Executive Leadership, Education</td>
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*Additional requirements may be necessary. Contact your admission counselor.
INTERNATIONAL STUDENTS

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 Student Services at +1.201.559.6196 or oip@felician.edu for more information.

CITIZENSHIP INFORMATION

U.S. Citizen [ ] Yes [ ] No U.S. Permanent Resident [ ] Yes [ ] No (If yes, A# __________________________)

City and Country of Birth

If you are not a U.S. citizen or permanent resident please answer below:

Do you need an I-20? [ ] Yes [ ] No

Country of Citizenship

Are you currently in the U.S.? [ ] Yes [ ] No If yes, please answer below:

Current Visa Classification Exp. Date

Do you have an I-20? [ ] Yes [ ] No Exp. Date

Current school through which your I-20 was issued

Please submit copies of your passport, I-20, DS2019, and all U.S. visas in your passport.

ADDITIONAL INFORMATION REQUIRED FOR ACTIVE DUTY SERVICE MEMBERS, VETERANS AND THEIR FAMILIES

Do you plan to use military benefits to attend Felician College? (If you are veteran, active military personnel or dependent of a veteran and plan to use transferrable benefits, please mark yes.) [ ] Yes [ ] No
This personal statement is required for applicants to most graduate programs and graduate-level certificate programs. If you are applying for the Doctor of Nursing Practice Program, please contact your admission counselor for details about the admission statement.

In the space below or on a separate sheet of paper, please respond to one of the following:

1. Why do you feel this program is appropriate for you?
2. How does this program fit into your long-term career goals?
3. What major contribution or strength do you feel you will bring to the program?
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 the waive the right to inspect recommendations in your file:

☐ Yes, I waive my right.  ☐ No, I do not waive my right.

Signature    Date

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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<td>Initiative</td>
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<td>Motivation</td>
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<td>Dependability</td>
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Please complete next page.
Please indicate your recommendation for admission:

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<tr>
<th>Poor</th>
<th>Fair</th>
<th>Strong</th>
<th>Enthusiastic</th>
<th>No Basis For Judgement</th>
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<tbody>
<tr>
<td>Based on academic ability</td>
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<tr>
<td>Based on character and maturity</td>
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<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 ___________________________