

WAGNER COLLEGE

Division of GRADUATE Studies

www.wagner.edu • 718-390-3106 • graduate@wagner.edu
One Campus Road, Staten Island, NY 10301

APPLICATION FOR ADMISSION

INSTRUCTIONS AND INFORMATION

Wagner College is dedicated to serving the needs of the individual student. One of the hallmarks of the College is the concern for each other shared by both faculty and students. This application is your opportunity to tell us about yourself. Please be open and candid in completing the information requested.

WHEN TO APPLY

Preference will be given to applications received by May 1 for the Fall semester and November 1 for the Spring semester. Applications, transcripts, or letters of reference received after those dates may cause your application to be deferred to the following semester.

HOW TO APPLY

To be considered for admission, please submit the following credentials to the Office of Graduate Studies:

_____ a completed and signed application to the Graduate Division **accompanied by a \$50 non-refundable application fee.** *Your application will not be processed without the fee.*

_____ **official** transcript(s) of your academic work **sent directly to the Office of Graduate Studies** by the Registrar at **each college or university you have attended other than Wagner.** If you attended Wagner College, there is no need to submit an official transcript. You must have **all** transcripts on file before an admissions decision will be made. Photocopies and “student copies” can not be used to make an admissions decision.

_____ two letters of reference, preferably from former or present employers or professors. Letters of reference must be accompanied by a completed and signed waiver form.

_____ **EDUCATION APPLICANTS:** an interview with the Director of the Graduate Education Department is required before an admissions decision is made. *(Please call 718-390-3464 to schedule this interview.)*

_____ **PHYSICIAN ASSISTANT APPLICANTS:** an interview with the committee on Physician Assistant admission is required for all selected applicants. Applicants will be invited to interview after an initial review of credentials.

_____ **NURSING APPLICANTS:** must submit copy of RN license.

*Each graduate department maintains specific entrance requirements. Please refer to the Graduate View Book or Catalog for individual program descriptions.

It is recommended that applicants to the Graduate Division take an admissions test. Some applicants may be required to submit test scores with an application. Tests have been approved by academic departments as follows:

Business Administration - Graduate Management Admissions Test (GMAT) **required** for all traditional MBA applicants.
Education - New York State Teachers Certification Exam (LAST) and Content Specialty Test (CST) are recommended for all applicants
Microbiology - Graduate Record Examination (GRE) or Medical College Admissions Test (MCAT) is recommended.

Additional Admission Requirements for Post-Master’s Certification in Family Nurse Practitioner

1. Master’s degree in Nursing from an NLN accredited program with a minimum G.P.A. of 3.0.
2. **A copy of a current New York State License as a professional registered nurse.**
3. Malpractice insurance coverage.
4. Current immunization and physical examination.
5. Two (2) letters of reference attesting to applicant’s knowledge base, clinical competency and experiences, professional capabilities and potential for successfully assuming an advance practice role.
6. Current Curriculum Vitae/Resume

Additional Admission Requirements for M.S. in Advanced Physician Assistant Studies

1. Successful completion of an ARC-PA (Accreditation Review Committee for Physician Assistants) accredited physician assistant program that includes a minimum of 32 credits in the didactic year and 40 weeks of supervised clinical experience in the clinical year.
2. Recommended minimum overall G.P.A. of 3.0.
3. National certification or eligibility for certification by the National Commission on Certification of Physician Assistants.
4. Two (2) letters of recommendation from either employers in the medical field or Physician Assistant program faculty.
5. Current Curriculum Vitae/Resume.

Additional Admission Requirements for the Advanced Certificate - Executive Graduate Program in Educational Leadership

1. Master’s degree in an education related field with a minimum average of 3.0 (“B”).
2. Evidence of three years teaching experience in an accredited school or equivalent.
3. Professional recommendations (3).
4. Essay on Leadership.
5. An interview with faculty of the program and region partners (purpose: to demonstrate leadership potential).

COMMUNICATING WITH THE GRADUATE STUDIES OFFICE

Please refer questions about the admissions process to the Office of Graduate Studies.

Mailing Address:	Office of Graduate Studies Wagner College One Campus Road Staten Island, NY 10301
Telephone Number:	(718) 390-3106 (<i>in NY State</i>) / (800) 221-1010 (<i>outside NY State</i>)
Fax Number:	(718) 390-3456
E-mail:	graduate@wagner.edu
Web site:	www.wagner.edu
Graduate Telephone Numbers:	Accounting- (718) 390-3447 Business- (718) 390-3447 Education- (718) 390-3464 Microbiology- (718) 390-3103 Nursing- (718) 390-3436 Physician Assistant- (718) 390-4613



WAGNER COLLEGE

Division of **GRADUATE** Studies

Practical Leadership For the Real World

APPLICATION FOR ADMISSION

I BIOGRAPHICAL INFORMATION

Name _____ Soc. Sec # _____
last first middle initial

If you have academic records under a **maiden** name,
Or different name, please provide name(s) used: _____

Home Address _____

City _____ **State** _____ **Zip** _____

Phone # (work) _____ **(home)** _____ **(cell)** _____

Country of Citizenship* _____ **E-mail address** _____

**If not a citizen or permanent resident of the United States, please complete a Graduate School Admission Application for International Students.*

Date of Birth _____ **Male** _____ **Female** _____ **Optional: Single** _____ **Married** _____

II INTENDED PROGRAM (check program and concentration – where applicable)

_____ **BUSINESS ADMINISTRATION**

Master of Business Administration

- _____ Finance
- _____ International Business
- _____ Management
 - Traditional
 - Accelerated
- _____ Marketing
- _____ Health Care Administration

_____ **MICROBIOLOGY**

Master of Science

_____ **NURSING**

- Master of Science**
- _____ Educator Role
- _____ Family Nurse Practitioner
- Advanced Certificate**
- _____ Family Nurse Practitioner

_____ **ACCOUNTING**

Master of Science

- _____ Accounting

_____ **ADVANCED PHYSICIAN ASSISTANT STUDIES**

Master of Science

- _____ Health Education
- _____ Health Care Management
- _____ Clinical Specialty

_____ **EDUCATION**

Master of Science

- _____ Early Childhood & Special Education (B-2)
- _____ Middle Level & Special Education (5-9)
- _____ Childhood & Special Education (1-6)
- _____ Adolescent & Special Education (7-12)
- _____ Teaching Literacy (B-6)

Advanced Certificate – Educational Leadership

- _____ School Building Leader (30 credits)
- _____ School District Leader (30 credits)
- _____ Combined Certificates (36 credits)

Semester of desired entry _____ Fall (August) _____ Spring (January)
year year

Enrollment: _____ Full Time (9 credits or more) _____ Part Time (fewer than 9 credits)

III ACADEMIC BACKGROUND

Beginning with the most recent institution attended, list **all** the colleges and universities you have attended. You are responsible for having official transcripts of your academic coursework *sent directly to the Office of Graduate Studies* by the Registrar of each institution, including Wagner College. (PA applicants must furnish transcripts from the PA program which they have completed in addition to all other transcripts.)

Institution _____ Location _____

Dates Attended _____ Degree/Major _____
(month/year to month/year)

Institution _____ Location _____

Dates Attended _____ Degree/Major _____
(month/year to month/year)

IV TEST INFORMATION

Indicate whether you have taken, or are planning to take, a graduate admissions test.

Test _____ Date taken, or planning to take _____

Please have the testing agency forward a copy of your scores to the Wagner College Office of Graduate Studies.

V ADDITIONAL BACKGROUND INFORMATION

Are you of Hispanic or Latino Ethnicity? _____ Yes _____ No

Please indicate if you are from one or more of the following races:

_____ American Indian/ Alaskan Native _____ Asian _____ Black or African American _____ Hispanic
_____ Native Hawaiian or other Pacific Islander _____ White _____ Two or More Races

VI PROFESSIONAL EXPERIENCE

Current Position/Professional Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Length of Employment _____

List your previous employment experience, beginning with your most recent position (*exclude your present job*). You may submit a current resume in lieu of completing this section.

Dates	Employer	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII REFERENCES

You are **required** to submit two letters of reference in support of your application to the Graduate Division. Waiver forms are included with this application and **must** accompany each letter of reference. Reference letters should be written on professional letterhead and be *sent directly* to:

Office of Graduate Studies
Wagner College
One Campus Road
Staten Island, NY 10301

Please provide the following information about those individuals providing your references.

Name _____ **Position** _____ **Institution/Firm** _____

VIII PERSONAL STATEMENT

A personal statement discussing your personal and professional goals to support or strengthen your application is required.

IX FINANCIAL ASSISTANCE

Will you be receiving Employee Tuition Remission from Wagner College? ____ Yes ____ No

If yes, provide employee's name and department _____

Will you be applying for a Graduate Assistantship from Wagner College? ____ Yes ____ No
For information on Graduate Assistantships, contact the Office of Graduate Studies (718) 390-3106.

Will you be applying for a loan? ____ Yes ____ No
For more information on scholarship and loan programs, contact the Financial Aid office (718) 390-3183

X ADDITIONAL INFORMATION

Have any relatives attended Wagner College? ____ Yes ____ No

Name _____ Relationship _____ Class of _____

Name _____ Relationship _____ Class of _____

How did you learn about graduate programs at Wagner College?

- | | |
|--|--|
| <input type="checkbox"/> Website (please specify) _____ | <input type="checkbox"/> Attended Wagner as an undergraduate |
| <input type="checkbox"/> Graduate school guidebook _____ | <input type="checkbox"/> Alumnus/current student recommendation |
| <input type="checkbox"/> Graduate school fair/event | <input type="checkbox"/> Advertisement (please specify) _____ |
| <input type="checkbox"/> Graduate open house | <input type="checkbox"/> Graduate school search (please explain) _____ |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Other _____ |

XI HOUSING

Do you require housing? ____ Yes ____ No

Limited housing is available in off campus apartments through the office of Residential Education. Please contact the office of Residential Education for more information at 718-390-3420.

XII CONSENT

All information in this application is true and correct to the best of my knowledge.

Signature _____ **Date** _____

PLEASE INCLUDE A \$50 NON-REFUNDABLE FEE WITH YOUR APPLICATION
Your application will not be processed without the fee.

Return this application and all supporting credentials to:
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Staten Island, NY 10301



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LETTER OF REFERENCE WAIVER FORM
This form must accompany each letter of reference

NAME OF APPLICANT _____
please print or type

NAME OF RECOMMENDER _____
please print or type

TO THE APPLICANT
*Read and respond to the statement below and give this form to your recommender.
Two letters of reference are required to complete your application.*

I am aware of the rights afforded to me by the Federal Educational Rights and Privacy Act of 1974, amended, and hereby (check one) waive/ do not waive my rights to examine the contents of this recommendation, provided it is used solely for the purpose for which it is requested.

APPLICANT'S SIGNATURE _____ **DATE** _____



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