

# 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 FOR INTERNATIONAL STUDENTS

#### 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 March 1 for the Fall semester and October 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 for International Students to the Graduate Division.
- \_\_\_\_\_ an \$85 (U.S.) non-refundable application fee. Your name, as spelled on the application, should be on the check. The check **must** be drawn on a U.S. banking affiliate; we cannot accept international postal money orders. *Your application will not be processed without the fee.*
- \_\_\_\_\_ **official** transcript(s) for all college or university work completed. Transcripts **must be evaluated in English by a recognized credential evaluation service, on a course by course basis**. A form for World Education Services (WES) is enclosed. You must also include copies of these documents in their original language of issue.
- \_\_\_\_\_ an official copy of your score report from the test of English as a Foreign Language (TOEFL) {minimum score:550 paper test, 217 computerized test}
- \_\_\_\_\_ **two** currently dated letters of reference from former professors or from professionals in your field of work.
- \_\_\_\_\_ the **Financial Information Form** included with this application. This form must be complete and signed and accompanied by the additional information indicated on the form. If your expenses are being paid by your family or a sponsor, the **Affidavit of Support** must also be submitted.
- \_\_\_\_\_ a current resume or curriculum vitae.
- \_\_\_\_\_ a personal statement about your academic goals.
- \_\_\_\_\_ a copy of your current passport.

#### VISA INFORMATION

If accepted to Wagner College, you must arrange to have a deposit in the sum of \$2,000 (U.S.) sent to the College. This deposit will be applied to your first semester tuition payment. Your I-20 form will be sent to you upon our receipt of this deposit. If you are unable to obtain your student visa, you must return the original I-20 form to us. A refund of \$1,800 will be mailed to you.

**All international students must be prepared to undertake all expenses without receiving financial assistance from the College. This includes applying for a graduate assistantship position.**

\*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 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)

#### **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. Current New York State Licensure 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 M.S. Ed.**

**Education applicants must interview with the Director of the Graduate Education Department before an admission decision is made. Please call 718-390-3464 to schedule this interview.**

#### **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 (*in NY state*) / (800) 221-1010 (*outside NY state*)

Fax Number: (718) 390-3456

E-mail: [graduate@wagner.edu](mailto:graduate@wagner.edu)

Web site: [www.wagner.edu](http://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 |

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**INTERNATIONAL STUDENT APPLICATION FOR ADMISSION**

**I BIOGRAPHICAL INFORMATION**

**Name** \_\_\_\_\_  
*Family name (surname) first(given) name middle name*

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

**U.S. Social Security Number** (if you have one) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*We use an air courier to send important documents to foreign countries. Because they will not deliver to a Post Office (P.O.) Box, you must provide a street address below.*

**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_

**Use this address until (list date)** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
*Include country code and city code*

**If different from the above, please give your mailing address for all admissions correspondence:**

**Mailing address** \_\_\_\_\_  
*Number and Street*

\_\_\_\_\_ **Use until :** \_\_\_\_\_  
*City or Town Country State Zip*

**Telephone at mailing address:** \_\_\_\_\_ **Permanent home telephone:** \_\_\_\_\_  
*Area Code Number Area Code Number*

**E-mail Address** \_\_\_\_\_ @ \_\_\_\_\_ **Fax #** \_\_\_\_\_

**II INTENDED PROGRAM** (check only one program)

\_\_\_\_\_ **BUSINESS ADMINISTRATION**

**Master of Business Administration**

- \_\_\_\_\_ Finance
- \_\_\_\_\_ International Business
- \_\_\_\_\_ Management
- \_\_\_\_\_ Marketing
- \_\_\_\_\_ Health Care Administration

**Master of Science**

- \_\_\_\_\_ Accounting

\_\_\_\_\_ **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)

\_\_\_\_\_ **MICROBIOLOGY**

**Master of Science**

\_\_\_\_\_ **NURSING**

**Master of Science**

- \_\_\_\_\_ Educator Role
- \_\_\_\_\_ Family Nurse Practitioner

\_\_\_\_\_ **ADVANCED PHYSICIAN**

**ASSISTANT STUDIES**

**Master of Science**

- \_\_\_\_\_ Health Education
- \_\_\_\_\_ Health Care Management
- \_\_\_\_\_ Clinical Specialty

Semester of desired entry \_\_\_\_\_ Fall (August) \_\_\_\_\_ Spring (January) **YEAR:** \_\_\_\_\_

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



## VII PROFESSIONAL EXPERIENCE

Current Position/Professional Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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.

| <b>Dates</b> | <b>Employer</b> | <b>Position</b> |
|--------------|-----------------|-----------------|
| _____        | _____           | _____           |
| _____        | _____           | _____           |
| _____        | _____           | _____           |

Indicate any professional honors, achievements or activities to our consideration of your application to this program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VIII 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.

| <b>Name</b> | <b>Position</b> | <b>Institution/Firm</b> |
|-------------|-----------------|-------------------------|
| _____       | _____           | _____                   |
| _____       | _____           | _____                   |

## IX ADDITIONAL INFORMATION

Are you currently in the United States?      \_\_\_ Yes      \_\_\_ No

If Yes, what type of visa do you now have? (*Indicate below*)

\_\_\_\_\_ **Student** (F-10), *Attach copy of your visa and indicate the name and address of school which issued the I-20 form*

\_\_\_\_\_ **Prospective Student** (B-1 or B-2), *Attach copy of your visa*

\_\_\_\_\_ **Other**, *Please indicate* \_\_\_\_\_

If you are not in the United States and you are planning to bring your spouse, children or other dependents with you to the U.S., please list them below

*DEPENDENT NAME*

*AGE*

*RELATIONSHIP TO YOU*

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Note: You will need to show proof of your ability to financially support these dependents while in the U.S.

\*U.S. CONTACT ADDRESS\*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Please list the other colleges to which you are applying:**

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### X PERSONAL STATEMENT

You must also submit a personal statement which explains you educational goals or why you are applying to Wagner College. This should be written on a separate sheet with your name clearly written.

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*PLEASE INCLUDE AN \$85 NON-REFUNDABLE FEE WITH YOUR APPLICATION*

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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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## INTERNATIONAL STUDENT EXPENSES Graduate Studies

### 2007-2008 ACADEMIC YEAR

*International students are required to provide proof of their ability to pay for their studies and living expenses while in the United States. Graduate students must certify at least \$30,000 (U.S.) is available to them for the academic year. The following is a detailed outline of charges and expenses at Wagner College.*

|                      |                         |            |
|----------------------|-------------------------|------------|
| <b>ACADEMIC YEAR</b> | Tuition                 | \$15,000   |
| Two Semesters        | Room and Board          | *10,000    |
| (9 months)           | Person Expenses & Books | ** 3,000   |
|                      | Total                   | **\$28,000 |

**Medical insurance is mandatory for all students. The current cost of the Wagner medical insurance program is \$200 per year.**

\* There is an additional charge to students who reside in off campus apartments during summer break period. Approximately \$15 per day should be budgeted for meals. Students may purchase a “flexi-cash” card for meals in the College Dining Hall, which will reduce the cost of meals.

\*\* This figure is an estimate.

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## FINANCIAL INFORMATION

*This form must be completed, signed and submitted with the application for admission.*

**NAME OF APPLICANT** \_\_\_\_\_  
*Last name (surname) First (given) name*

*The Immigration and Naturalization Service of the United States requires prospective students to provide proof of their ability to pay for their studies and living expenses while in the United States. Financial statements must be in the English language and they must be notarized. You must indicate exact amounts of available funds,*

### **SOURCES OF SUPPORT** *(complete all sections as appropriate.)*

#### **FAMILY OR SPONSOR**

Complete the enclosed Affidavit of Support notarized by a legal official. It must be accompanied by a bank statement, certified letter from the bank stating a specific dollar amount that is available for your support by your family or sponsor, or notarized employer statement. U.S. \$ \_\_\_\_\_

#### **PERSONAL SAVINGS**

Enclosed a certified statement signed by a bank official that is dated within the past three (3) months.

\_\_\_\_\_  
*Bank City/Country* U.S. \$ \_\_\_\_\_

#### **FINANCIAL AID from GOVERNMENT AGENCY or PRIVATE ORGANIZATION**

Enclosed a signed official copy of award letter

\_\_\_\_\_  
*Source* U.S. \$ \_\_\_\_\_

#### **SALARY WHILE ON LEAVE OF ABSENCE**

Enclose official letter from employer stating the duration of leave and salary while on leave

\_\_\_\_\_  
*Name and address of employer* U.S. \$ \_\_\_\_\_

**TOTAL FUNDS AVAILABLE** U.S. \$ \_\_\_\_\_

A letter of admission will not be issued until proper certification is received by the Admission Office. If offered admission, you must confirm your acceptance in writing and submit a \$2000(U.S.) tuition deposit before an I-20 form will be issued.

NOTE: you will need a duplicate original financial documentation papers to submit to the Consular office or the U.S. Immigration office. Originals will be retained by the Admission Office and will not be returned to you.

**I certify that I have sufficient fund for tuition and living expenses for myself and that I have the funds available for the expenses of any dependent who may accompany me to the United States.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**AFFIDAVIT OF FINANCIAL SUPPORT**

*All statements must be in English and quoted in U.S. dollar amounts.*

I, \_\_\_\_\_ residing at  
*(name of person providing support)*

\_\_\_\_\_  
*(number and street) (city) (country)*  
am willing and able to financially support \_\_\_\_\_  
*(name of applicant for admission)*

Who is my \_\_\_\_\_ for the duration of studies at WAGNER COLLEGE.  
*(relationship)*

**To verify my financial ability to support the above named student, I submit that following NOTARIZED financial statements:**

- NOTARIZED CURRENT Original Bank Statement, verified by bank official, with specific amount and date account was established. U.S. \$ \_\_\_\_\_
- NOTARIZED Original Employer Statement stating length of employment and yearly salary. U.S. \$ \_\_\_\_\_
- OTHER sources of income. Please specify and send notarized originals. U.S. \$ \_\_\_\_\_

TOTAL U.S. \$ \_\_\_\_\_

In addition to the above named student, the following individuals are financially dependent upon me:

| <i>Name</i> | <i>Age</i> | <i>Relation to me</i> | <i>Dependent (check one)</i> |                  |
|-------------|------------|-----------------------|------------------------------|------------------|
|             |            |                       | <i>Whole</i>                 | <i>Partially</i> |
| _____       |            |                       |                              |                  |
| _____       |            |                       |                              |                  |
| _____       |            |                       |                              |                  |
| _____       |            |                       |                              |                  |

*I state that I am fully aware of the fact that the individual named in the Affidavit of Support will not be allowed to engage in any form of off-campus employment, and that I will be totally responsible for his/her financial welfare.*

**SPONSOR'S SIGNATURE**

\_\_\_\_\_

**THIS AFFIDAVIT MUST BE NOTARIZED**

Sworn to and subscribed before me this \_\_\_\_\_

Signature of Notary \_\_\_\_\_ NOTARY SEAL MUST BE AFFIXED HERE