



COLLEGE OF
MOUNT SAINT VINCENT

APPLICATION FOR ADMISSION
GRADUATE EDUCATION: ADVANCED CERTIFICATE PROGRAM

Applicant must submit:

- _____ Completed application with application fee of \$50.00 (non-refundable);
- _____ One reference either professional or academic;
- _____ Official transcript from undergraduate college;

Date: _____

- Intended Major: Advanced Certificate Program in Middle Level Education
Advanced Certificate Program in Multicultural Studies
Advanced Certificate Program in Instructional Technology and Global
Perspectives

General Information:

Name: _____ SS#: _____
Last First MI

Present Address:

_____ Street City State Zip Code

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Gender: Male Female Birth Date: ____/____/____

Country of Citizenship: _____

Semester of Entry: Fall Winter/Spring Summer Intersession: Year: _____

Student Status: Full-time Part-time

Marital Status (optional): Single Married Divorced Separated Widowed
Domestic Partner Other

Please describe yourself (optional): Asian/Pacific Islander Black Hispanic

White/Caucasian Other

Post-Secondary Education: List all post-secondary institutions that you have attended. Begin with the institution attended most recently. (Include any Diploma or AD schools)

Institution Name	Address	Dates Attended: From/To	Degree Awarded	Date Awarded

Please tell us about your professional goals.

All the information on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

\$50.00 non-refundable application fee is enclosed. (Please make check payable to the College of Mount Saint Vincent).

Note: The college reserves the right to cancel admission and registration of any student if there is a misstatement on this application.

The College of Mount Saint Vincent does not discriminate on the bases of race, sex, colour, creed, age, national origin, physical handicap, or marital status. Admission to the College of Mount Saint Vincent is based solely upon an applicant's qualifications and ability to meet educational requirements.

Please return application and accompanying documents to:

**School of Professional and Continuing Studies
College of Mount Saint Vincent
6301 Riverdale Avenue
Administration Building, Suite 304
Riverdale, NY 10471**

Office: 718-403-3322

Fax: 718-503-3764

www.mountsaintvincent.edu/spcs