



# Application for Graduate Admission

## DEPARTMENT OF PUBLIC ADMINISTRATION CERTIFICATE PROGRAM INTERNAL APPLICATION

The College at Brockport has a self-managed application process. You are responsible for submitting a complete application with all required components to the Office of Graduate Admissions by the appropriate deadline. Please read the application instructions carefully and use the checklist below to verify that your application is complete. Incomplete applications will be returned, resulting in a delay in processing.

For questions specific to the MPA or certificate programs, contact Dr. Jim Fatula, chair, [jfatula@brockport.edu](mailto:jfatula@brockport.edu). Always visit our Web site at [www.brockport.edu/pubadmin](http://www.brockport.edu/pubadmin) for the most current program information.

**APPLICATION DEADLINE:** March 1 for summer or fall admission; and October 1 for spring admission.

**APPLICATION INSTRUCTIONS:** Please check off the items included with your application. Applicants must be in good academic standing at the time of application.

- Completed and signed **application form**.
- Official transcripts. *Please note:* you are not required to submit transcripts for courses taken prior to your matriculation at The College at Brockport as those are located in your permanent file. Only submit transcripts for any course taken after your matriculation at The College at Brockport.
- Current résumé.

### 1. I am applying to (check one):

- A. Certificate in Arts Administration** – available only to students matriculated in either the Master of Public Administration or Master of Fine Arts Visual Studies Workshop program at The College at Brockport.

Please indicate your status below:

- I am currently a matriculated MPA student at Brockport and am applying for the Certificate in Arts Administration.
- I am currently a matriculated MFA student in the Visual Studies workshop at Brockport and am applying for the Certificate in Arts Administration.

- B. Certificate in Nonprofit Management** – available to all matriculated graduate students at Brockport.

Please indicate your status below:

- I am currently a matriculated MPA student at Brockport and am applying for the Certificate in Nonprofit Management.
- I am currently a matriculated student in another master's program at The College at Brockport: \_\_\_\_\_.  
(indicate program)

### 2. Name

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Last

First

Middle

### 3. Birth Date

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Month

Date

Year

### 4. Banner ID Number (required)

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### 5. Address

### Street

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City

State/Province

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Zip/Postal Code

Country

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**6. Contact Information:**

Home Telephone (please include area code)

Work Telephone (please include area code)

Fax Number (please include area code)

E-mail Address

7.  Female  Male    8. **Are you a veteran?**  Yes  No

9. **Semester and year you wish to enroll**  Fall  Spring  Summer **Year:** \_\_\_\_\_

**10. Student Ethnic Data:** (Data collected will be used to prepare statistical summaries of the various enrollment categories as mandated by federal reporting requirements. Individuals are not identified in these reports. You are not required to provide this information.)

- Alaskan Native or American Indian
- Asian or Pacific Islander
- Black (non-Hispanic)
- Hispanic
- White (non-Hispanic)
- Other: \_\_\_\_\_

To the best of my knowledge, the information I have given in this application is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or suspension from the institution. By signing this application, I agree to abide by the policies and regulations of the institution.

Applicant's signature

Date

The College at Brockport is committed to upholding and maintaining all aspects of Section 504 of the Rehabilitation Act of 1973. In the spirit of this law, Brockport provides equal opportunity to individuals with disabilities. We strongly recommend that those students with disabilities identify themselves so that the College may better serve and plan for each student's needs.

The Office for Students with Disabilities is located on the second floor of the Seymour College Union, and is open weekdays from 8 am – 5 pm, during the academic year, 8 am- 4 pm during the summer. It is accessible by elevator from the ground-level entrance, with parking for the disabled at the rear of the building. The office is equipped with a TTY device for communication with the hearing impaired.

The Coordinator of the Office for Students with Disabilities may be reached at (585) 395-5409; (V/TDD (585) 395-5409).

The College at Brockport does not discriminate on the basis of race/ethnicity/color, gender, sexual orientation, religion, national origin, age, disability, marital status, or status as a Vietnam-era or disabled veteran, in admission, employment and treatment of students and employees.

I have enclosed all the required materials and understand that if my application is incomplete, the application packet will be returned to me.

Applicant's signature

Date

We look forward to receiving your application materials.  
Please forward your application or address questions regarding your application to:

Office of Graduate Admissions  
The College at Brockport  
State University of New York

350 New Campus Drive, Brockport, New York 14420-2914

Phone: (585) 395-5465 Fax: (585) 395-2515

Web: brockport.edu E-mail: gradadmit@brockport.edu



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK

## The College at BROCKPORT

STATE UNIVERSITY OF NEW YORK

To the Registrar of \_\_\_\_\_  
college/university

Please attach this form to the transcript requested and send it to the student at the address indicated below in a sealed envelope with your stamp across the seal. The student will forward your sealed envelope to the Office of Graduate Admissions with other application materials. Your assistance in this process is appreciated. Please note that this student may be under a deadline to provide this transcript. Thank you.

Transcript of \_\_\_\_\_ Social Security No. \_\_\_\_\_  
your last name, first name, former name

Years attended \_\_\_\_\_ to \_\_\_\_\_ Degree received \_\_\_\_\_  
month/year month/year

Current name and address: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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