



Application for Graduate Admission

RECOMMENDATION FORM DEPARTMENT OF COMMUNICATION

Notice to the Applicant: Please complete the section below and forward this form to the individual who will serve as your reference. You should also provide a stamped, self-addressed envelope so that the reference is returned directly to you. When you receive the completed reference, include it **unopened** as part of your application.

Name of Applicant: _____
Last First Middle Initial

Name of Reference (please print) Phone Number Occupation

Confidentiality: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, and The College at Brockport guidelines permit enrolled graduate students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance, retained letters will be considered confidential and will not typically be available to students. If you wish to waive your right of access to this letter, please indicate by signing your name on the line below. By signing below, you agree to waive all right to review the content of this letter of recommendation.

Applicant's Signature Date

NOTICE TO THE RECOMMENDER:

Applicant named above has selected you as a reference. Your candid assessment of the applicant will greatly assist The College at Brockport in determining whether or not the applicant should be admitted for graduate study. Graduate education is a demanding pursuit and our program is interested in admitting students who are ready for this challenge and are likely to succeed in it. Your reference is factored heavily into the admissions decision. The more complete and detailed you can be in your assessment, the greater value your reference will hold for the applicant.

Our application process is self-managed, meaning the applicant must turn in a completed application package containing all required materials. After completing this recommendation form, please return it to the applicant in a sealed envelope and sign across the seal. The applicant will then forward it **unopened** to the Office of Graduate Admissions as part of the completed application. **DO NOT** send the reference to the College as it will be returned to you and delay the applicant in returning a completed packet.

The College at Brockport's Office of Graduate Admissions thanks you for taking time to complete this reference form.

Assessment:

- The Graduate Committee will appreciate your estimate of the applicant on the following basis:
A) your acquaintance;
B) initiative and creativity necessary for independent work;
C) aptitude;
D) preparation; and
E) motivation or strength of commitment to the professional career implied by your program.

Your candid comments should include areas of weakness as well. (Please attach your statement.)

- How would you rank this student among the students whom you have taught in the last five years:

Top 1% Top 10% Top 20% Other: _____

- How long have you known the applicant? _____ In what capacity? _____

Signature of Recommender Date



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APPLICATION PAYMENT FORM

Please complete and return this form, along with the fee, as part of your application. Applications submitted without the appropriate fee will be returned to the applicant.

APPLICANT INFORMATION

Name: _____
Last First Middle Initial

Daytime Telephone Number: _____

APPLICATION FEE Please check-off the department/program you are applying to.

<input type="checkbox"/> Accounting	\$50	<input type="checkbox"/> Education & Human Development	\$80	<input type="checkbox"/> Physical Education	\$80
<input type="checkbox"/> Biological Sciences	\$50	<input type="checkbox"/> Educational Administration	\$80	<input type="checkbox"/> Psychology	\$50
<input type="checkbox"/> Communication	\$50	<input type="checkbox"/> English	\$50	<input type="checkbox"/> Public Administration	\$50
<input type="checkbox"/> Computational Science	\$50	<input type="checkbox"/> Environmental Science and Biology	\$50	<input type="checkbox"/> Recreation & Leisure	\$50
<input type="checkbox"/> Counselor Education:		<input type="checkbox"/> Health Science:		<input type="checkbox"/> Visual Studies	\$50
<input type="radio"/> School Counseling	\$80	<input type="radio"/> Community Health	\$50		
<input type="radio"/> All others	\$50	<input type="radio"/> All others	\$80		
<input type="checkbox"/> Dance:		<input type="checkbox"/> History	\$50		
<input type="radio"/> Dance Education K-12	\$80	<input type="checkbox"/> Liberal Studies	\$50		
<input type="radio"/> All others	\$50	<input type="checkbox"/> Mathematics	\$50		

The application fees above reflect:

- A non-refundable \$50 application fee for each program leading to a master's degree or certificate of advanced study.
- An additional non-refundable \$30 professional fee for programs leading to teaching or professional certification.

PAYMENT INSTRUCTIONS

You may use the following forms of payment (**we cannot accept cash**):

- Payment must be in US dollars.
 - If you are required to pay both fees listed above, you may combine them in one payment.
 - If you are applying to more than one graduate program, you must fill out a separate application and pay the application fee for **each** program.
- Check made payable to **The College at Brockport**
- Money Order
- Credit Card (Visa, MasterCard and Discover Only)

If paying by credit card, please complete the following:

VISA MASTERCARD DISCOVER

Please print cardholder name as it appears on the card.

Card # _____ Expiration _____

Your signature _____

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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STATE UNIVERSITY OF NEW YORK

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