



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

350 New Campus Drive, Brockport, New York 14420
www.brockport.edu/graduate E-mail: gradadmit@brockport.edu
Phone: (585) 395-5465 Fax: (585) 395-2515

Application for Graduate Admission

RECOMMENDATION FORM DEPARTMENT OF EDUCATIONAL ADMINISTRATION

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 as part of your application.

This is only required of Educational Administration (EDA) applicants, not for School Business Administration (SBA) applicants.

Name of Applicant: _____
Last First Middle Initial

Name of Reference (please print) Phone Number Occupation

Reference must be one of the following: Building Principal Assistant Superintendent Superintendent

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**. The applicant will then forward it 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. **Please note, since this recommendation is opened, the applicant will have access to your assessment.**

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

Assessment: (Please attach)

A letter on school district stationery containing an assessment of whether the applicant:

- has completed at least one year of full-time experience as a teacher or certified pupil personnel services worker (school counselor, school psychologist) in an elementary or secondary school (long-term substitute work is acceptable; per diem substitute work is not);
- is an outstanding teacher or pupil personnel services worker;
- has **excellent** oral and written communication skills;
- has **leadership** potential; and
- has district support and will receive opportunities for increased responsibilities in leadership roles (e.g., chairing a committee, planning activities, making formal oral presentations).

A letter on school district stationery indicating willingness to act as a mentor to the applicant (can be contained in above letter or can be a different administrator and a separate letter).

Signature of Recommender

Date



Application for Graduate Admission

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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