



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

Admissions Information and Application Instructions

DEPARTMENT OF HEALTH SCIENCE

The College at Brockport utilizes an online application for graduate admission. Please read the application instructions below and utilize the checklist as a guide for submitting **Part I** and **Part II**.

Degree offered: Master of Science in Education
Specialization/Emphasis: Community Health Education
Health Education (Initial K-12)
Health Education (Professional K-12)

Department Contact: Dr. Patti Follansbee
pfollans@brockport.edu
(585) 395-5483

Office of Graduate Studies: gradadmit@brockport.edu
(585) 395-2525

APPLICATION DEADLINE: April 1 for summer or fall admission
November 1 for spring admission

Please note: Applications received after the published deadlines will be reviewed on a space available basis.

PART I

- Complete and submit online at www.brockport.edu/graduate/apps
This includes: Statement of Objectives.
 Three names of reference.
- Electronically submit non-refundable application fee.

PART II (Please be sure you have completed Part I, before submitting Part II)

We strongly suggest that you submit all items at once to ensure timely review of your application. Please collect all required documents as requested below and mail to:

The College at Brockport
Office of Graduate Studies - Morgan Hall
350 New Campus Dr.
Brockport, NY 14420

- One **official** transcript from **each and every** college or university you have ever attended in a **sealed** envelope, even if you did not earn a degree there, regardless of perceived relevance of the course work to your current career goals, or the length of time that has passed since you attended. (Transcripts must also be obtained from each and every college or university ever attended regardless of whether or not credits earned were later transferred elsewhere. Each institution must send the transcript directly **to you**. For your convenience, we have included *Transcript Request Forms* for you to use. Please feel free to duplicate these forms if more are needed. Submit the unopened transcript(s) with Part II of your application materials. (Please note: The College at Brockport graduates are not required to submit transcripts of their work at The College at Brockport. In addition, if you were already admitted to The College at Brockport as a non-degree student, you do not need to resubmit the transcript(s) you already provided as part of that process.)

FOR INTERNATIONAL APPLICANTS:

- ❑ Official or true certified copies of all post-secondary academic records (transcripts, examination scores, mark sheets, etc.) in both English and the original language.
- ❑ Official or true certified copies of your diploma, degree, or certification, in both English and the original language.
- ❑ International applicants whose native language is not English must submit scores on the Test of English as a Foreign Language (*TOEFL; College code 2537*) or the IELTS. A minimum score of 550 on the paper-based version, a minimum score of 213 on the computerized version or a minimum score of 79-80 on the TOEFL iBT version is required. The IELTS minimum score is 6.5.
- ❑ An original bank statement in the student's name or that of the student's sponsor showing a current balance of at least the total cost of attendance. If the student has a sponsor, a letter, signed and dated by the sponsor, is required. It must include the amount (in US dollars) that will be put toward the student's educational expenses. Photocopies will not be accepted.

We look forward receiving your application and working with you. If you have additional questions, please feel free to contact our office by email: gradadmit@brockport.edu or by phone at (585) 395-2525.

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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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