



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

350 New Campus Drive, Brockport, New York 14420

www.brockport.edu/graduate

Phone: (585) 395-5465

E-mail: gradadmit@brockport.edu

Fax: (585) 395-2515

Admissions Information and Application Instructions

DEPARTMENT OF MATHEMATICS

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 Arts

Department Contact: Dr. Howard Skogman
hskogman@brockport.edu
(585) 395-2046

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

APPLICATION DEADLINE: July 15 for summer or fall admission
November 15 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.

7th Grade US History [if 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.)
- Two unopened letters of reference. References must also be returned to you in sealed and signed envelopes. A recommendation will only be accepted if it is in a sealed envelope with the signature of the originator across the seal of the envelope. (Please note: We do not accept placement or credential files.)

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.



Application for Graduate Admission

RECOMMENDATION FORM DEPARTMENT OF MATHEMATICS

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

Social Security No.: _____

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:

1. The Graduate Committee will appreciate your estimate of the applicant on the following: your reaction to personal characteristics, scholastic preparation, aptitude, motivation, initiative, independence, commitment, and comparison with other candidates for graduate study. Your candid comments should include areas of weakness as well (Please attach your statement.)
2. How long have you known the applicant?: _____ In what capacity?: _____

Signature of Recommender Date



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Signature of Recommender Date

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: _____

The College at BROCKPORT

STATE UNIVERSITY OF NEW YORK

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