

Office of Admissions

Ramapo College of New Jersey
505 Ramapo Valley Road, Mahwah, NJ 07430-1680
Phone: (201) 684-7270 • Fax: (201) 684-7964 | graduate@ramapo.edu

GRADUATE ADMISSIONS APPLICATION 2017 - 2018

Instructions: Complete all sections of the Graduate Admissions Application and submit all required credentials to the Office of Graduate Admissions. Include with your application a non-refundable \$65 application fee payable to **Ramapo College of New Jersey**. Please print clearly.

Requirements: All graduate applications require the following:

1. Official copies of college transcripts 2. Personal Statement 3. Resume 4. Two letters of recommendation 5. Other Specific Requirements*

*The Master of Arts in Educational Leadership and the Master of Arts in Special Education programs require state issued Teacher Certification.

*The Master of Nursing (MSN) program requires an active RN license. *The MSW program requires a 3-5 page personal narrative in place of Personal Statement.

*The MBA program may require GMAT scores upon review of application and supporting materials. *All programs may require an interview.

APPLICANT INFORMATION

Legal Name _____
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given MI

Former last name(s) _____ Social Security # _____
Optional, but needed for applicants applying for financial aid via FAFSA

Home Phone: (____) _____ Cell Phone: (____) _____ Preferred Telephone Home Cell

Email Address _____ Birth Date ____/____/____ Female Male
Required MM DD YYYY

Permanent Home Address _____
Street Address Apartment#

City County State Zip/Postal Code

RESIDENCY INFORMATION

I am a US Citizen Birthplace _____
City State

Permanent Resident Registration #* **A** _____
*Submit a copy of the front and back of Alien Registration Card/Green Card

I hold a J1 Visa F1 Visa H4 Visa Other Type: _____

I am a NJ state resident Yes No Years lived in NJ _____

Are you a Ramapo College graduate? Yes No If so, what year? _____

DEMOGRAPHIC INFORMATION (Optional)

Ethnicity (check one)

Hispanic or Latino Not Hispanic or Latino

Race (check all that apply)

American Indian/Alaskan Native Asian/Pacific Islander
 Black or African American White

ALUMNI RELATIONSHIPS

Do you have any relatives who have attended Ramapo College? Yes No

Do you have any relatives who are currently attending Ramapo College? Yes No

Please list all relatives and their relationship to you here: _____

ENROLLMENT PLANS

I am applying as a: Graduate - New Graduate - Re-Admit
 Graduate - Non-Degree

Are you applying at an event or presentation? Yes No

Entry Term: Fall: ____ Year Spring: ____ Year Summer: ____ Year

If so, which event: _____
Are you applying for need-based financial aid? Yes No

Have you applied to Ramapo College before? Yes No

Are you currently attending Ramapo as a student
Non-Degree Student? Yes No

If yes, give semester applied for: Fall ____ Spring ____

GRADUATE PROGRAMS

Please select from the following list your choice of academic program and one track (if applicable).

<input type="checkbox"/> Master of Business Administration (MBA) <input type="checkbox"/> Master of Science in Accounting (MSAC) <input type="checkbox"/> Master of Social Work (MSW) <input type="checkbox"/> Advanced Standing <input type="checkbox"/> Full - Time <input type="checkbox"/> Part- Time <input type="checkbox"/> Master of Science in Nursing (MSN) <input type="checkbox"/> Nurse Education <input type="checkbox"/> Nurse Administration <input type="checkbox"/> Family Nurse Practitioner <input type="checkbox"/> <i>Non-BSN – RN to MSN Transition Program</i>	<input type="checkbox"/> Master of Arts in Special Education <input type="checkbox"/> Master of Science in Educational Technology <input type="checkbox"/> Master of Arts in Educational Leadership Will you be participating in an off-site cohort? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____ <hr/> <p style="text-align: center;">For Office Use Only –</p> <p style="text-align: center;"> AFW AFI WPR ALU FCD CRP SFD WCC DYF GRS GNH VHS </p> <hr/> <p>Other Notes -</p>
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EDUCATIONAL AND ACADEMIC HISTORY

Colleges & Universities

Report all colleges attended (including online). We must receive official college transcripts from all colleges listed.

Institution Name	Location (City, State)	Degree Awarded	Dates Attended mm/yyyy – mm/yyyy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Employers

Report all organizations which you were or are employed.

Employer Name	Location (City, State)	Title	Term of Employment mm/yyyy – mm/yyyy
_____	_____	_____	_____
_____	_____	_____	_____

Disciplinary History: If you answer “yes” to either of the questions below, please attach a separate sheet of paper that gives the approximate date of each incident, explain the circumstances.

1. Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime, in the past 3 years? Yes No
Note: If the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential, you are not required to answer “yes” to this question, or provide an explanation.

2. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended in the past 3 years forward, whether related to academic misconduct, or behavioral misconduct, resulting in any disciplinary actions? Yes No
These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.

SIGNATURE

♦ I certify that all information submitted – including the application and any other supporting materials – is my own work, factually true, and honestly presented. I understand that these documents will become the property of Ramapo College of New Jersey and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.

Signature: _____ **Date:** _____

mm/dd/yyyy