

# GRADUATE APPLICATION FOR ADMISSION



Office of Admissions  
 470 Western Highway  
 Orangeburg, NY 10962  
 Toll Free: 1-866-4DC-INFO  
 www.dc.edu  
 E-mail: admissions@dc.edu

Type or print clearly and firmly.

**BIOGRAPHICAL INFORMATION:**

NAME	Last	First	Middle	SS#
OTHER NAMES THAT MAY APPEAR ON CREDENTIALS, e.g. MAIDEN				
DATE OF BIRTH				SEX
ETHNIC ORIGIN (Optional) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other				
COUNTRY OF CITIZENSHIP			PERMANENT RESIDENT # OR TYPE OF VISA NEEDED (if not U.S. citizen)	
CURRENT MAILING ADDRESS (Street, City, State, Zip)				
PERMANENT MAILING ADDRESS (if different from above) E-mail address				
DAY PHONE		EVENING PHONE		EMAIL:

**GRADUATE PROGRAM OF INTEREST:**

Education:	<input type="checkbox"/> Blind & Visually Impaired	<input type="checkbox"/> Students with Disabilities	<input type="checkbox"/> Childhood Education	<input type="checkbox"/> Educational Media	<input type="checkbox"/> Educational Technology
<input type="checkbox"/> Nursing	<input type="checkbox"/> Occupational Therapy:		<input type="checkbox"/> BS/MS	<input type="checkbox"/> M.B.A.	
<input type="checkbox"/> Transitional DPT					
For M.S. in Education only:	Do you have NYS Teacher Certification?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Area(s) of Certification
<input type="checkbox"/> Check if Non-Degree (Education Only)					
For M.S. in Nursing only:	Do you have or are you eligible for licensure as an RN in NYS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**LIST EACH COLLEGE AND UNIVERSITY YOU HAVE ATTENDED:**

NAME OF INSTITUTION	DATES FROM	TO	MAJOR FIELD OF STUDY	DEGREE	DATE RECEIVED OR EXPECTED

**EMPLOYMENT HISTORY:** (Exclude part-time employment not related to your career objective)

NAME / ADDRESS OF INSTITUTION	POSITION / DUTIES	FROM	TO

**HOW DID YOU LEARN ABOUT DOMINICAN COLLEGE?**    Newspaper    Radio    Friend/Relative    Employer    Website    E-mail    Current Student    Other \_\_\_\_\_

I hereby apply for admission to Dominican College and certify that the information provided is correct and complete to the best of my knowledge. Falsification or omission of requested information will be grounds for terminating consideration of the application or, if discovered after enrollment, for withdrawing registration privileges.

I have requested that official transcripts from previous colleges be forwarded to Dominican College, Office of Admissions.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Return completed application and a \$50.00 non-refundable fee to:

DOMINICAN COLLEGE, OFFICE OF ADMISSIONS, 470 WESTERN HIGHWAY, ORANBURG, NEW YORK 10962