

Application for Admission to Graduate Program

Please type or print in black ink

Please fill out and return to Dean of Graduate Studies, Ithaca College, 111 Towers Concourse, Ithaca, NY 14850-7142
phone 607-274-3527 fax 607-274-1263 e-mail gradstudies@ithaca.edu

Mr./Ms. _____
Last First Middle (Maiden)

Legal address _____
Street and No. City State Zip

Mailing address _____
Street and No. City State Zip

Present position _____ Date of Birth _____

Telephone Home _____ Work/School _____ E-mail address _____

Country of citizenship _____ Social Security No. _____

Have you previously applied for admission to Ithaca College graduate studies? No Yes When? _____

Have you taken graduate courses at Ithaca College? No Yes When? _____

Number of years teaching experience _____ Do you have New York State provisional certification? No Yes

Colleges attended

Institution	Dates	Major	Credits earned	Degree

Official transcripts of all academic work beyond secondary school must be sent directly to the dean of graduate studies.

Which degree do you expect to complete at Ithaca College (check area)? Master of science Master of music

Which program? Exercise and sport sciences:— emphasis in Exercise physiology Physical education Sport Psychology
 Communication Music (specific program) _____
 Speech-language pathology Teacher of the speech and hearing handicapped
 Thesis option Non-thesis option

Music Applicants – what is your performance area? _____ Will you be pursuing Suzuki courses? No Yes

When do you expect to begin study? Fall _____ Spring _____ Summer _____

Do you expect to study full-time? Yes No Summers Only (Music Applicants Only)

Are you applying for an assistantship? No Yes

Recommendations (List persons you have asked to write a recommendation evaluating your academic ability and/or performance):

Name	Position	Address

US citizens and permanent residents only — Please indicate your racial or ethnic origin (response optional). If multiracial, check all that apply and circle the one with which you most strongly identify.

Black or African American American Indian or Alaskan Native Asian, Asian American, or Pacific Islander
 Hispanic or Latino White, Anglo, or Caucasian (non-Hispanic)

Are you a nonresident alien? Yes No Length of time in the U.S. _____

Any additional information you wish to give concerning undergraduate preparation, advanced study, teaching experience and professional interests will be helpful and is encouraged. (Please use reverse side.)

A nonrefundable fee of \$40 must accompany this application.

Date Applicant's signature

Application for Graduate Assistantship

Please type or print in black ink
Please fill out and return to Dean of Graduate Studies, Ithaca College, 111 Towers Concourse, Ithaca, NY 14850-7142
607-274-3527

Mr./Ms _____
Last First Middle (Maiden)

Mailing address _____
Street and No. City State Zip

Present position _____ Date of Birth _____ Social Security No. _____

Telephone Home _____ Work _____ E-mail address _____

Briefly, what are your professional goals? _____

In accordance with your area or interest, what types of work would you like to do as a graduate assistant _____

What kind of experience do you expect to gain from this type of work? _____

What qualifies you for this graduate assistantship? _____

Work experience (related work that qualifies you for this graduate assistantship)

Position	Type of work	Dates employed
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Position	Type of work	Dates employed
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Other work experience

Position	Type of work	Dates employed
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Position	Type of work	Dates employed
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References (List persons, other than those who will be evaluating your academic work, whom you have asked to write a recommendation evaluating your work performance.)

Name	Position	Address
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Name	Position	Address
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Personal Recommendation

Please fill out and return to Dean of Graduate Studies, Ithaca College, 111 Towers Concourse, Ithaca, NY 14850-7142
607-274-3527

Mr./Ms _____ has applied for admission to pursue graduate study at Ithaca College. The applicant has informed us that you would submit a personal recommendation to support the application. The Graduate Committee on Admissions would appreciate having you write a statement in the space below and return it as soon as possible in order that the applicant may be given early consideration.

Name _____ Occupation or position _____

Address _____

I understand that, pursuant to federal statute Public Law 93-330, the above letter of reference may be reviewed by the person for whom it is submitted as part of his or her record at Ithaca College.

Date

Signature

Candidate's signature — in compliance with Public Law 93-330:

- I waive my right to view this evaluation.
- I do not waive my right to view this evaluation.

Date

Applicant's signature