



Machon L'Parnasa

1301 45th Street
Brooklyn, NY 11219
(718) 871-4267, ext.451
Fax: (718) 871-4072

DEADLINE: Applications, once completed, are evaluated on a rolling basis until all spaces in the program have been filled. Any supporting documents not submitted with the application should follow in a timely fashion. The following items are needed in order to evaluate your application for admission:

- ❑ **Completed application for admission.**
- ❑ **\$50 Application Fee**
- ❑ **Proficiency and/ or Ability to Benefit Examinations:** All applicants are required to take proficiency exams in English and Math. In the event that the applicant has not completed high school, has not taken or passed the GED, or graduated from a foreign high school, an 'ability to benefit' will be administered as well.
- ❑ **Official transcripts of all high school and college work:** The transcripts should be sent directly to Machon L' Parnasa by the issuing school. Transcripts issued to the students are not considered official documents. Even if the student does not intend or expect to transfer college credit, he/she should have all transcripts sent to Touro College. All international students must provide proof of secondary school completion according to matriculation standards in the issuing country. All foreign documents must be accompanied by an official English translation and evaluation. Please contact the World Education Service (www.wes.org) for more information.
- ❑ An interview is recommended for all applicants. Contact the Office of Admissions to arrange an appointment.
- ❑ Please attach any additional information you feel would be relevant in considering your application for admission. Please complete all information as requested.

Incomplete applications will not be processed.



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Request for High School Transcript and SAT scores

TO THE APPLICANT:

Fill in your name, address, years of attendance and social security number and give this form to the record office of the high school you are now attending.

TO THE HIGH SCHOOL RECORD OFFICE:

_____ student's name Social Security Number (optional)

whose address is _____

_____ street number and name city state zip

attended your school from ____/____, to ____/____, and is applying for admission to Machon L' Parnasa, a division of Touro College.

I authorize the Office of Admissions to contact the high school directly regarding all aspects of the transcript including but not limited to the original request to send a transcript and obtaining a final transcript after graduation (Note: any fees associated with sending a transcript are solely the responsibility of the student).

Signed: _____

Date: _____

Please send the Office of Admissions a transcript of the high school record and copies of SAT/ACT scores for the student named above, as soon as possible.

Please observe the following procedures:

- 1) Indicate courses in progress on the transcript (preferably by the symbol * in the box where the grade would go).
- 2) Indicate courses taken in other schools and give the name of the schools.
- 3) Attach this page to the transcript and send to the address above.

Thank you for your assistance in following these procedures.

Please check the correct statement below:

is expected to graduate on ____/____ was graduated on ____/____ was not graduated.

Name of school official who completed this form: _____

Title: _____ Signature: _____ Date: ____/____/____



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Machon L'Parnasa Application Fee

(no cash please)

Please note that this fee will be credited towards your tuition upon enrollment, otherwise the fee is non-refundable.

Student Name: _____

Touro ID # (if known): _____

A) Check/Money Order enclosed

- or -

B) Credit Card Authorization

Credit Card Number: _____

Type of Card (Check one): Visa MasterCard

CVV (3 digit code on back of card) _____

Expiration Date: _____

Amount: \$50.00

Name on Credit Card: _____

Signature: _____

Date: _____

For Office Use Only

Received:	\$50 Fee:	Source:	Adm. #:
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MACHON L'PARNASA – THE INSTITUTE FOR PROFESSIONAL STUDIES



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GENERAL INFORMATION

Please type or print in ink and check all that apply.

1. SEMESTER OF DESIRED ENTRY: Fall Spring Summer 2. YEAR OF DESIRED ENTRY: 201_____
3. I AM ENTERING AS A: Freshman Re-applicant
 Transfer from an outside institution Transfer from another Touro division Visitor (Non-Matriculated)
4. I PLAN TO MAJOR IN:
- Accounting (A.S.) Human & Community Services (A.A.) Marketing (A.S.)
 Desktop Publishing (A.S.) Liberal Arts (A.A.) Medical Billing and Coding (Certificate)
 Finance (A.S.) Management (A.S.)
5. CHECK THE DIVISION TO WHICH YOU ARE APPLYING:
 Men's Division Women's Division

PERSONAL INFORMATION

6. SOCIAL SECURITY NUMBER/ SOCIAL INSURANCE NUMBER (OPTIONAL): _____ - _____ - _____ 7. Male Female
8. E-MAIL ADDRESS: _____ @ _____
9. NAME (please use your LEGAL name as found on your birth certificate, marriage certificate or passport): Miss Mr. Mrs. Rabbi

_____	_____	_____	_____
Last	First	Middle/Maiden	Preferred

10. PERMANENT ADDRESS:

_____	_____	_____	() _____
Number and Street		Apartment #	Telephone
_____	_____	_____	() _____
City	State	Zip/Postal Code	Cell Phone

11. CURRENT ADDRESS (if different from permanent):

_____	_____	_____	() _____
Number and Street		Apartment #	Telephone
_____	_____	_____	() _____
City	State	Zip/Postal Code	Cell Phone

12. SPECIAL DEMOGRAPHIC DATA

The information requested below is being collected from U.S. citizens and permanent residents to meet research and federal reporting requirements. It is confidential and will be released only as statistical summaries in which individuals are not identified. Response is voluntary. The information has no bearing on either admission or academic decisions.

A. What is your ethnicity?

- HISPANIC OR LATINO NOT HISPANIC OR LATINO

B. Select one or more race

- AMERICAN INDIAN/ALASKAN NATIVE ASIAN WHITE
 BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

13. DATE OF BIRTH: _____ / _____ / _____ 14. PLACE OF BIRTH: _____ / _____ / _____
Month Day Year City State Country

15. I HAVE BEEN LIVING IN NEW YORK STATE SINCE: Birth _____ / _____ / _____
Month Day Year

16. ARE YOU A US CITIZEN? Yes No *If no, please complete the next section.*

INTERNATIONAL STUDENTS COMPLETE THESE ITEMS:

17. COUNTRY OF CITIZENSHIP: _____ 18. COUNTRY OF RESIDENCY: _____ 19. FIRST LANGUAGE: _____

20. PERMANENT RESIDENT NUMBER OR VISA TYPE: _____ 21. I AM NOT A PERMANENT RESIDENT

22. I HAVE BEEN LIVING IN THE UNITED STATES SINCE: _____ / _____ / _____
Month Day Year

PREVIOUS EDUCATION

23. PLEASE LIST ALL SECONDARY SCHOOLS (HIGH SCHOOLS, GRADES 9-12) ATTENDED WITH MOST RECENT SCHOOL FIRST.

Name of School	Grades Attended	Location (City, State, Zip)	Graduation Date (expected)
1.			____ / ____ <small>Month Year</small>
2.			() <small>School Phone</small>
3.			
4.			<small>Counselor's name</small>

24. SECONDARY SCHOOL (HIGH SCHOOL) COLLEGE BOARD CODE NUMBER (AVAILABLE FROM YOUR COUNSELOR): _____

25. PLEASE INDICATE WHEN YOU TOOK OR WILL TAKE THE SAT ACT TOEFL:

____ / ____ took will take took will take
Month Year 1st testing 2nd testing
 Reading _____ Math _____ Written _____ Total _____ Reading _____ Math _____ Written _____ Total _____

26. I DID NOT / DO NOT PLAN TO TAKE THE SAT/ACT/TOEFL.

27. LIST ALL COLLEGES, UNIVERSITIES, YESHIVOS, AND/OR SEMINARIES (INCLUDING ISRAEL PROGRAMS/OPTIONS) PREVIOUSLY ATTENDED, OR IN WHICH YOU ARE CURRENTLY ENROLLED. **THIS SECTION MUST BE COMPLETED WHETHER OR NOT TRANSFER CREDIT IS DESIRED.**

Name of School	From		To		Credit Hours Attempted to Date	Cumulative Grade Average to Date	Degrees (Please indicate if received or when expected)
	Month	Year	Month	Year			
1.							
2.							
3.							
4.							

FAMILY INFORMATION

28. FATHER'S NAME OR HUSBAND'S NAME (IF APPLICABLE)

Last First
 Living Deceased

Home Address (if different from applicant's)

City State Zip

Business Phone: () _____

29. MOTHER'S NAME OR WIFE'S NAME (IF APPLICABLE)

Last First
 Living Deceased

Home Address (if different from applicant's)

City State Zip

Business Phone: () _____

ADDITIONAL INFORMATION

30. HOW DID YOU LEARN ABOUT MACHON L' PARNASA, A DIVISION OF TOURO COLLEGE?

- Guidance Counselor Advertisement (Please indicate name of newspaper/magazine): _____
 Current or former student Other _____

31. LIST OTHER EDUCATIONAL INSTITUTIONS TO WHICH YOU HAVE APPLIED OR PLAN TO APPLY:

1. _____ 2. _____
3. _____ 4. _____

32. DO YOU HAVE FAMILY MEMBERS WHO ARE EMPLOYED BY TOURO COLLEGE? Yes No

If yes, please give name, relationship and College/Department in which employed: _____

33. DO YOU PLAN TO REQUEST FINANCIAL AID DURING YOUR FIRST ACADEMIC YEAR? Yes No

(If yes, you must file the *Free Application for Federal Student Aid* (FAFSA) - www.fafsa.ed.gov).

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information or incorrect information may disqualify me from admission to Touro College or may later be the basis for my withdrawal or dismissal.

Applicant's Signature

Parent's Signature
(Required if applicant is under 18)

Date

Machon L' Parnasa - the Institute for Professional Studies, a division of Touro College, does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.