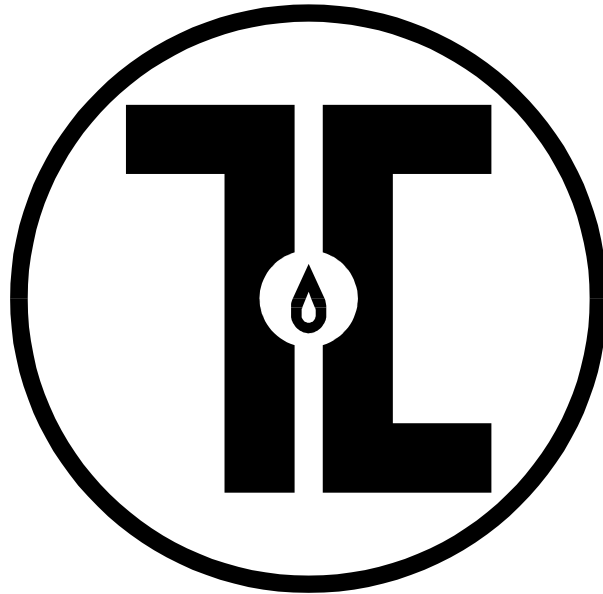


School of Education and Psychology



at
Touro College

Application for Admission to the Bachelor of Science component of the **Bachelor of Science-Master of Science 5 Year Cohort Plan**

IMPORTANT: This application *must* be printed out, carefully completed, and *mailed or faxed* back to the Office of Admissions. Please fill this application out carefully, as an incomplete form cannot be processed and will delay consideration of your application.

For Office Use Only

Received:	\$50 Fee:	Source: IN	Adm. #:
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SCHOOL OF EDUCATION AND PSYCHOLOGY

 at Touro College

Office of Admissions • 50 West 23rd Street, NY, NY 11230 • (212) 463-0400 ext. 361 or (212) 242-4668 ext.6009 or 6010

GENERAL INFORMATION

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

- 1a. SEMESTER OF DESIRED ENTRY: Fall Spring 1b. YEAR OF DESIRED ENTRY: _____
2. I AM ENTERING AS A: Freshman Freshman/Early Admission
3. CHECK AREA OF CONCENTRATION YOU PLAN TO PURSUE: Early Childhood Childhood Undecided

PERSONAL INFORMATION

4. SOCIAL SECURITY NUMBER: _____ - _____ - _____ 5. Male Female 6. E-MAIL ADDRESS: _____ @ _____

7. NAME (please use your LEGAL name as found on your birth certificate, marriage certificate or passport): Miss Mr. Mrs.

_____ Last _____ First _____ Middle/Maiden _____ Preferred

8. PERMANENT ADDRESS:

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

9. CURRENT ADDRESS (if different from permanent):

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

10. DATE OF BIRTH: _____ / _____ / _____ 11b. PLACE OF BIRTH: _____ / _____ / _____
Month Day Year City State Country

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

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

INTERNATIONAL STUDENTS COMPLETE THESE ITEMS:

13. COUNTRY OF CITIZENSHIP: _____ 14a. COUNTRY OF RESIDENCY: _____ 14b. FIRST LANGUAGE: _____

14c. PERMANENT RESIDENT NUMBER OR VISA TYPE: _____ 14d. I AM NOT A PERMANENT RESIDENT

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

PREVIOUS EDUCATION

15a. 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.			/
2.			MONTH YEAR ()
3.			School Phone
4.			Counselor's name

15b. SECONDARY SCHOOL (HIGH SCHOOL) COLLEGE BOARD CODE NUMBER (AVAILABLE FROM YOUR COUNSELOR): _____

16a. PLEASE INDICATE WHEN YOU TOOK OR WILL TAKE THE SAT ACT TOEFL:

_____ / _____ Month Year <input type="checkbox"/> took 1st testing <input type="checkbox"/> will take Verbal _____ Math _____ Total _____	_____ / _____ Month Year <input type="checkbox"/> took 2nd testing <input type="checkbox"/> will take Verbal _____ Math _____ Total _____
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16b. I DID NOT / DO NOT PLAN TO TAKE THE SAT/ACT/TOEFL.

17. LIST ALL COLLEGES, UNIVERSITIES, AND/OR SEMINARIES 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.							

EXTRACURRICULAR ACTIVITIES

18. PLEASE LIST YOUR EXTRACURRICULAR, COMMUNITY AND WORK EXPERIENCE:

Activity/Work Experience	Participation by grade					Approximate Number of Hours Per Week Involved	Position, Office and/or Honors
	9th	10th	11th	12th	Post HS		
1.							
2.							
3.							
4.							

PERSONAL STATEMENT

Please discuss the factors leading you to apply to the School of Education and Psychology, your academic interests and your future plans. You may also describe other activities, achievements or circumstances which you would like to bring to the attention of the Committee on Admissions. Attach an additional page if necessary. (Please print neatly or type.)

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.

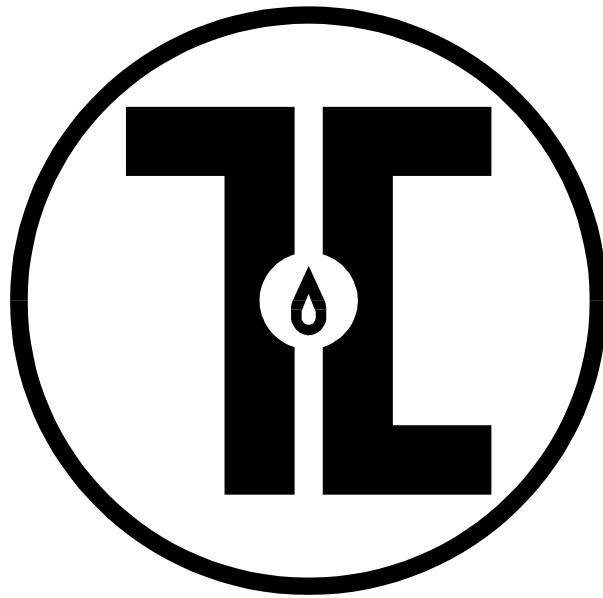
Applicant's Signature

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

Date

School of Education and Psychology, at Touro College, admits students of any race, color, sex, national and ethnic origin and handicap status to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

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