



TOURO GRADUATE SCHOOL OF BUSINESS

65 Broadway • Suite 200 • New York, NY 10006-2552 • 212- 742-8770 Ext. 2400

Application for Admission to Certificate Programs

Application for Admission to Certificate Programs in Paralegal Studies

For the semester beginning: Spring Fall Year 20\_\_

Student Information

Ms. Mr. Mrs. Last/Family Name First/Given Name Middle Name

Preferred Name Previous Last Name (if applicable)

Date of Birth Place of Birth

Gender: Male Female U.S. Social Security Number

Have you previously applied to Touro College (undergraduate or graduate)? Yes No
If yes, designate program and location:

Permanent Mailing Address

Number and Street Apt. #
City State/Country Zip
Day Phone # Evening phone #
Mobil Phone # E-Mail Address

Current Mailing Address (if different from permanent)

Good Until
Month Day Year
Number and Street Apt. #
City State Zip
Day Phone # Evening phone #

Residency

U.S. Citizen
U.S. Permanent Resident: Alien registration #
Non-U.S. Citizen: Country of citizenship
Visa type: Expiration date:
Month Day Year

Ethnic Background (U.S. citizens and U.S. permanent residents ONLY. This information is voluntary and used to compile data as requested of educational institutions by the Department of Education under Title VI of the Civil Rights Act of 1964.)

American Indian/Alaskan Native Asian or Pacific Islander White (non-Hispanic)
African American (Non-Hispanic) Hispanic (regardless of race) Other: Please specify:

TOEFL: [If applicable. Students whose native language is not English are required to take TOEFL].

\_\_\_\_\_  
Date TOEFL taken      Name used when registering

\_\_\_\_\_  
Section 1      Section 2      Section 3      Section 4      Total Score

Has an official TOEFL score report been sent to Touro Graduate School of Business?  Yes  No

### Educational Background

List the most recent educational achievement you have attained: GED, high school diploma, college work, college degree, or post-graduate studies. An official transcript from each institution is required. Studies completed in foreign countries require an educational credential, as explained in the application process.

EDUCATIONAL INSTITUTION	MAJOR	DEGREE	DATES FROM ____ UNTIL ____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Current Employer Information

Company/Organization Name		Type of Industry
Street Address		City, State, Zip, Country
Position	Primary Responsibilities	
Total Months Employed	Start:Month/Year	Total Hours per Week

**References** Please provide the names of two references (either present or former professors or workplace supervisors) who can comment on your academic potential and/or experience. Forms are enclosed.

Name \_\_\_\_\_ Title \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **Professional Affiliations, Activities & Achievements**

List any professional affiliations, memberships in academic societies, publications, community or campus volunteer activities, hobbies, leadership positions and interests.

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List awards, scholarships, or other types of recognition you have received (academic – for example, Phi Beta Kappa, Summa Cum Laude; military; extracurricular; professional; community). Attach additional sheets if necessary.

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**How did you learn about Touro Graduate School of Business?** Please specify if possible:

- Radio       Your School     Alumni Mailing     College Guidebook     Email Announcement  
 Friend       Internet       Touro Website     Newspaper \_\_\_\_\_  
 Other

### **ESSAYS**

**Please respond to the essay question** with a written statement of 1 page, double-spaced, using a 12-point font. Please submit your essay with your application.

ESSAY ONE -

Why do you wish to pursue a certificate program at this time and how do you hope your studies will help you in achieving your career?

We also welcome any additional information you want to bring to the attention of the admission committee.

I certify that the information contained in this application, including all attachments and supporting credentials, is complete and correct.

SIGNATURE

DATE

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**PLEASE SUBMIT ALL APPLICATION INFORMATION TO:**

Touro Graduate School of Business  
Admissions Committee  
65 Broadway, Suite 200  
New York, NY 10006-2552

For further information please contact us at:

Tel. 212. 742. 8770 Ext. 2400

Fax: 212. 742. 2792

Email: [gradbusiness@touro.edu](mailto:gradbusiness@touro.edu)

Website: [www.touro.edu/gsb](http://www.touro.edu/gsb)

**POLICY STATEMENT**

**Touro Policy of Nondiscrimination.** 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. For additional information, please contact the US Department of Education Office for Civil Rights at <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> or (800) 421-3481.