

TOURO  COLLEGE

DIVISION OF GRADUATE STUDIES

Application for Admission

Graduate Schools

- ▶ Business
- ▶ Education
- ▶ Jewish Studies
- ▶ Social Work
- ▶ Psychology
- ▶ Technology

In Service to the Community

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Touro College is chartered by the Board of Regents of the State of New York and is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, Pennsylvania 19104 (Tel: 267-284-5000). The Middle States Commission on Higher Education is an institutional accrediting agency recognized by the United States Secretary of Education and the Council for Higher Education Accreditation.

Touro College is an equal opportunity institution.

Publication Last Revised: May 9, 2012
Designed by: Tova Shimunova

ADMISSIONS OFFICES DIRECTORY

Please mail your application to one of the offices listed below.

| OFFICE OF ADMISSIONS | ADDRESS | CONTACT |
|--|--|--|
| Graduate School of Business | | |
| Manhattan and Online Programs | Office of Admissions, Touro College 65 Broadway, Suite 200 New York, NY 10006-2552 | 212.742.8770 www.touro.edu/gsb |
| Berlin | Touro College Berlin Am Rupenhorn 5 14055 Berlin, GERMANY | +49.30.300.686-64 www.touroberlin.de |
| Moscow | Moscow University Touro 20/12 Podsosensky pereulok Moscow 103062, RUSSIA | +7.495.917.4052 www.touro.ru |
| Paris | Touro College France 9 rue Sainte-Anastase 75003 Paris, FRANCE | +33 (0) 1 44.54.33.70 admissions.tcfrance@touro.edu www.touro.edu/france |
| Graduate School of Education | | |
| Manhattan and Online Programs | Office of Admissions, Touro College 43 West 23rd St, 4th Floor New York, NY 10010 | 212.463.0400 x5119 www.touro.edu/edgrad/admissions.asp grad.admissions@touro.edu |
| Bay Shore, Long Island <i>Only for the following programs:</i> ▶ M.S. Ed. & Special Ed. ▶ M.S. Teaching Literacy | Office of Admissions, Touro College 1700 Union Boulevard, Room 129 Bay Shore, NY 11706 | 631.665.1600 x6225 www.touro.edu/edgrad/admissions.asp |
| Brooklyn <i>Only for the following program:</i> ▶ M.S. Ed. & Special Ed. | Office of Admissions, Touro College 946 Kings Highway Brooklyn, NY 11223 | 718.301.2042 (South Brooklyn) 718.301.2025 (Women's Division) www.touro.edu/edgrad/admissions.asp |
| Queens <i>Only for the following program:</i> ▶ M.S. Ed. & Special Ed. | Office of Admissions, Touro College 71-02 113 St. Forest Hills, NY 11375 | 718.520.5107 www.touro.edu/edgrad/admissions.asp |
| Jerusalem | Office of Admissions, Touro College 11 Beit Hadfus St. Jerusalem, 95483, ISRAEL | 800.950.4824 www.touro.edu/edgrad/admissions.asp |
| Graduate School of Jewish Studies | | |
| Manhattan | Office of Admissions, Touro College 43 West 23rd St, 4th Floor New York, NY 10010 | 212.463.0400 x5470 www.touro.edu/judagrad/application.asp |
| Berlin | Touro College Berlin Am Rupenhorn 5 14055 Berlin, GERMANY | +49.30.300.686-64 www.touroberlin.de |
| Graduate School of Psychology | | |
| Manhattan | Office of Admissions, Touro College 43 West 23rd St, 4th Floor New York, NY 10010 | 212.463.0400 x5119 www.touro.edu/edgrad/admissions.asp grad.admissions@touro.edu |
| Bay Shore, Long Island | Office of Admissions, Touro College 1700 Union Boulevard, Room 129 Bay Shore, NY 11706 | 631.665.1600 x6225 www.touro.edu/edgrad/admissions.asp |
| Graduate School of Social Work | | |
| Manhattan | Office of Admissions, Touro College 43 West 23rd St, 8th Floor New York, NY 10010 | 212.463.0400 x5269 www.touro.edu/msw/admissions.asp |
| Graduate School of Technology | | |
| Manhattan | Office of Admissions, Touro College 27 West 23rd St, Room 337 New York, NY 10010 | 212.463.0400 x5462 www.touro.edu/gst/msis/admissions.asp |

APPLICATION INSTRUCTIONS

APPLICATION PROCESS

Touro College uses a self-managed procedure for applications to the Division of Graduate Studies. Applicants are advised to gather all their required documents and submit them together in one package (except GMAT and TOEFL scores which are sent directly from the testing organizations to Touro College). This has the advantage of considerably speeding up Touro's processing of applications. This application booklet provides the forms with which applicants request official transcripts of previous academic work and letters of recommendation to be returned to them in signed, sealed envelopes. Send these together with the checklist, application form, fee, and any supplemental documents (e.g., an essay), in a single envelope to the address listed on p.3.

Deadlines

All required documents must be submitted in advance of the program's application deadline. To find out a program's deadline please refer to the program's website at www.touro.edu/general/graduate.asp. Candidates are considered for admission only after all required documents have been received.

Application Components

Below is a list of items that must be included to ensure a complete application package. Please complete the *Applicant Cover Sheet & Checklist* and include with your application materials.

- ▶ **Application Form.** A completed and signed application is required.
- ▶ **Application Fee.** Applicants to programs located in the U.S. must pay an application fee of \$50.00. This can be paid by credit card (Visa, Mastercard, or Discover) or by a check or money order drawn on a U.S. bank, payable to "Touro College". Please use the *Fee Payment Form* on p.17. Applicants to foreign campuses should check with their campus admission office for fee details. The application fee is nonrefundable and cannot be credited toward tuition or any other fees. Applications cannot be reviewed or processed without the fee.
- ▶ **Official Transcripts.** Applicants must submit official transcripts of all college-level academic work completed, whether inside or outside the U.S. These are required whether or not the student expects to receive transfer credit. A transcript is considered official when it is submitted in an envelope issued and sealed by a college's Registrar office. The *Transcript Request* form in this application packet should be used to obtain transcripts. A legible photocopy may be enclosed with the application, pending receipt of the official record.
- ▶ **Translations of Foreign Transcripts.** Foreign language transcripts must be accompanied by English translations from a professional translating service.

- ▶ **Credential Evaluation of Foreign Transcripts.** An original course-by-course educational credential evaluation is usually necessary for academic work completed outside the U.S. Touro College accepts evaluations only from members of the National Association of Credential Evaluation Services. For further information please visit the Association's website at: www.naces.org/members.htm.
- ▶ **Recommendation Letters.** Applicants are required to submit recommendation letters from previous instructors or workplace supervisors. Refer to the *Additional Requirements* section on p.6 to determine how many recommendations a particular program requires. Use the pre-printed form in this package. Ask the respondent to place the letter of recommendation in a sealed envelope, to sign across the sealed flap of the envelope, and return the letter to you. Please enclose the sealed, signed, unopened envelope as part of your completed application package. Emailed or faxed letters are not acceptable.
- ▶ **Supplemental Application Form.** Certain programs listed on p.6 provide a *Supplemental Application Form* which lists specific essay topics, instructions for completion of essays, and additional questions. This form is enclosed separately.
- ▶ **Admission Tests.** Certain programs require standardized admission tests. Refer to the *Additional Requirements* section on p.6 to determine whether tests such as the Graduate Management Admissions Test (GMAT) or Graduate Record Exam (GRE) are required for your intended program. Standardized test results must be reported in advance of the program's application deadline. Please select the appropriate code when reporting your test score.

| Touro College Campus | GMAT Center Code |
|----------------------|------------------|
| New York | MN8-Z3-04 |
| Berlin, Germany | MN8-Z3-63 |
| Moscow, Russia | MN8-Z3-48 |
| Paris, France | MN8-Z3-52 |

- ▶ **English Language Proficiency Tests.** If your native language is not English, or you attended an undergraduate program where English was not the language of instruction, you may be required to take the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS). Refer to the *Additional Requirements* section on p.6 for programs' test requirements. Standardized test results must be reported in advance of a program's application deadline. When reporting a TOEFL test score please select one of the campus codes in the following table to ensure that the report is routed correctly. IELTS issue test scores directly to test-takers, so please enclose your test report form in the application package.

| Touro College Campus | TOEFL Center Code |
|--|-------------------|
| New York - Graduate School of Business | 6737 |
| New York - All other graduate schools | 0494 |
| Berlin, Germany | 6718 |
| Moscow, Russia | 6735 |
| Paris, France | 7388 |

► **Additional Requirements.** Certain programs require additional documents – for example, essays, résumés, copies of certifications, etc. Essays must be typewritten. Please refer to the *Additional Requirements* section on p.6 to check program requirements.

AFTER YOUR APPLICATION HAS BEEN RECEIVED

Notification of Decision

The length of the application review process varies from program to program. Applicants are informed in writing of the decision on their application. Decisions cannot be communicated over the telephone. Applications received after the deadline date are usually held for review for the next available semester.

Immunization

Applicants accepted to a program that includes classroom-based instruction in New York State need to provide proof of MMR immunization and return the meningococcal response form before they can be permitted to register for classes.

International Students

Programs within the U.S. Applicants who require an F-1 visa should submit an Affidavit of Support form to the International Student Office promptly to ensure timely processing. For further information please refer to the International Graduate Student Bulletin at www.touro.edu/registrar/isb.pdf.

Programs outside the U.S. European Union (EU) residents do not require visas to enroll at the Berlin campus. Non-EU residents should visit the German consulate in their country in sufficient time to obtain student visa information.

Transfer Credit

Transfer credit policies vary by program. To be considered for transfer, graduate courses must appear on an official transcript issued by the institution where they were taken, and show a transferable letter grade received.

Deferral of Admission

Students may defer their application for up to two years from the date of application. Requests for deferral of admission must be made in writing.

Re-applicants

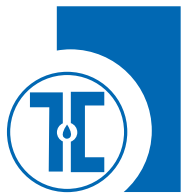
Applicants who applied to Touro College more than two years ago but never enrolled should use this application to reapply. The Office of Admissions retains incomplete applications and applications from those who were admitted but did not enroll for only two years.

ADDITIONAL REQUIREMENTS

In addition to general admission requirements, each program has specific requirements that are summarized below. For further details please refer to the *Supplemental Application Form* (if provided), the Bulletin or the website.

| PROGRAM | DOCUMENTS | ADMISSION TEST | ENGLISH LANGUAGE PROFICIENCY TEST |
|--|---|----------------|-----------------------------------|
| Business | | | |
| M.S. in Accounting | <ul style="list-style-type: none"> ▶ Supplemental Application Form ▶ Two Recommendation Letters ▶ Two Essays ▶ Résumé | GMAT | TOEFL or IELTS |
| Master of Business Administration (MBA) | <ul style="list-style-type: none"> ▶ Supplemental Application Form ▶ Two Recommendation Letters ▶ Two Essays ▶ Résumé | GMAT | TOEFL or IELTS |
| M.S. in Human Resource Management | <ul style="list-style-type: none"> ▶ Supplemental Application Form ▶ Two Recommendation Letters ▶ Two Essays ▶ Résumé | Not Required | TOEFL or IELTS |
| M.S. in International Business Finance | <ul style="list-style-type: none"> ▶ Supplemental Application Form ▶ Two Recommendation Letters ▶ Two Essays ▶ Résumé | Not Required | TOEFL or IELTS |
| Adv. Cert. in Forensic Accounting | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | TOEFL or IELTS |
| Adv. Cert. in Human Resource Management | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | TOEFL or IELTS |
| Education | | | |
| M.S. in Education & Special Education | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | Not Required |
| M.S. in Mathematics Education | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | Not Required |
| M.S. in School Leadership | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ NYSED Certification | Not Required | Not Required |
| M.S. in Teaching Literacy | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ NYSED Certification | Not Required | Not Required |
| M.S./Adv. Cert. in TESOL | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ NYSED Certification ▶ Writing Sample | Not Required | Not Required |
| Adv. Certs. in Bilingual Programs | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ NYSED Certification | Not Required | Not Required |

| PROGRAM | DOCUMENTS | ADMISSION TEST | ENGLISH LANGUAGE PROFICIENCY TEST |
|--|--|----------------|-----------------------------------|
| Education (cont.) | | | |
| | <ul style="list-style-type: none"> ▶ Documented Proficiency in Target Language | | |
| Adv. Cert. in Gifted & Talented Education | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ NYSED Certification | Not Required | Not Required |
| Adv. Cert. in Teaching Students with Autism & Severe or Multiple Disabilities | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ NYSED Certification | Not Required | Not Required |
| Jewish Studies | | | |
| M.A. in Jewish Studies | <ul style="list-style-type: none"> ▶ Supplemental Application Form ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ Academic Writing Sample | Not Required | Not Required |
| Psychology | | | |
| M.S. in Industrial/Organizational Psychology | <ul style="list-style-type: none"> ▶ Supplemental Application Form ▶ Two Recommendation Letters ▶ Two Essays ▶ Résumé | Not Required | TOEFL or IELTS |
| M.S. in Mental Health Counseling | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | Not Required |
| M.S. in School Counseling | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | Not Required |
| M.S. in School Psychology | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | Not Required |
| Adv. Cert. in Bariatric Science | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives | Not Required | Not Required |
| Social Work | | | |
| Master of Social Work | <ul style="list-style-type: none"> ▶ Supplemental Application Form ▶ Three Recommendation Letters ▶ Autobiographical Statement | Not Required | TOEFL or IELTS |
| Technology | | | |
| M.S. in Information Systems | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Professional Aspiration | Not Required | English Placement Exam |
| M.S. in Instructional Technology | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ NYSED Certification (for Cert. Track) | Not Required | Not Required |
| M.A. in Web & Multimedia Design | <ul style="list-style-type: none"> ▶ Two Recommendation Letters ▶ Personal Statement of Goals and Objectives ▶ Portfolio (if applicable) ▶ Résumé | Not Required | English Placement Exam |



Applicant Cover Sheet & Check List

Please include this form with your application.

Name _____
First Last (Family) Middle

Program

Master's Advanced Certificate

Refer to the Directory of Programs on p.8 to obtain the codes below:

Program Code Specialization Code (if applicable) Location Code Program Title _____

- | YES | NO | Please check "YES" for each item that is included in your application. |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Application for Admission. |
| <input type="checkbox"/> | <input type="checkbox"/> | Application Fee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Official Transcripts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Translations of Foreign Transcripts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Credential Evaluation of Foreign Transcript. |
| <input type="checkbox"/> | <input type="checkbox"/> | Recommendation Letters. Please list the names of recommenders and indicate whether their recommendations are enclosed. 1. _____ Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. _____ Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. (If applicable) _____ Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Application Form. |
| <input type="checkbox"/> | <input type="checkbox"/> | Immunization. Proof of Immunization/ "meningitis" (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Admission Test Score Report. |
| <input type="checkbox"/> | <input type="checkbox"/> | English Language Test Score Report. |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional Requirements. I have included all additional documents necessary for the program to which I am applying, as described in the <i>Additional Requirements</i> section, for example, essays, résumés, copies of professional certification. |

Signature _____ Date _____

Reminder: It is your responsibility to complete your application with all supporting material by the deadline.



ACADEMIC BACKGROUND

List all postsecondary institutions attended, including Touro College if applicable. List the most recent first. Use a supplemental sheet if needed.

| Name of Institution | City, State | Dates of Attendance (mm/yy) | Degree (BA, MS, etc) | Date of degree award (mm/yy) | Cumulative GPA (4.0 scale) |
|---------------------|-------------|--------------------------------|-------------------------|---------------------------------|-------------------------------|
| _____ | _____ | From _____ To _____ | _____ | _____ | _____ |
| _____ | _____ | From _____ To _____ | _____ | _____ | _____ |
| _____ | _____ | From _____ To _____ | _____ | _____ | _____ |

If you are transferring from another college or university, indicate your reason(s) for leaving.

Have you ever been under academic discipline, probation, or suspension, or been asked to withdraw from any school or college? If yes, explain.

Has your college, university, graduate or professional school course been interrupted for one or more semesters? If yes, explain why and indicate how you have spent this interval.

STANDARDIZED TESTS

Refer to the 'Additional Requirements' section on p.6-7 to find out if your intended program requires standardized tests.

| Test | Date of Test (mm/yyyy) | Score | | |
|-------|------------------------|--------------|---|--|
| GMAT | _____ | Total _____ | | |
| GRE | _____ | Verbal _____ | Quant. _____ | Analytical Writing _____ |
| TOEFL | _____ | Total _____ | Format: <input type="checkbox"/> Internet | <input type="checkbox"/> Computer <input type="checkbox"/> Paper |
| IELTS | _____ | Total _____ | | |

PROFESSIONAL BACKGROUND

Do you hold any professional certification? Yes No If yes, provide the following details:

| Title | Issued by | Date issued | Date of expiration |
|-------|-----------|-------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List your most recent professional experience below. Use a supplemental sheet if more space is needed.

| Position | Employer | Address | Dates |
|----------|----------|---------|---------------------|
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |

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.

- Are you Hispanic or Latino? Yes No
- Please choose one or more of the following groups to describe your race:
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

STATEMENT OF CERTIFICATION

I certify that all information supplied in this application is true and complete to the best of my knowledge. I understand that withholding or giving false information will make me ineligible for admission to Touro College. I also understand that the application fee may not be waived nor is it refundable, and that the application and supporting documents become the property of Touro College and cannot be returned.

 Signature _____ Date _____

Touro College does not discriminate on the basis of race, sex, color, national origin, religion, marital status, age, sexual orientation, gender identity, veteran or military status, disability, genetic information, or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.



Recommendation Form

TO THE APPLICANT:

Complete the section below and send this form to your recommender with a self-addressed and stamped envelope.

Name _____
First Last (Family) Middle

Program to which you are applying _____

Under the Family Educational Rights and Privacy Act of 1974, you have the right to review your official College student records. If you wish to waive that right in the case of this recommendation please sign here. Your waiver will in no way affect the decision on your application.

 Signature _____ Date _____

TO THE RECOMMENDER:

We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

Using the chart and questions below, please assess the applicant's potential as a graduate student. Your evaluation will be most helpful if your comments are as specific and candid as possible. Feel free to provide a more detailed evaluation of the candidate in an attached letter, if you prefer. The applicant has been given the option to waive the right to review this recommendation (see above).

Please keep in mind that the applicant cannot be considered for admission until your recommendation is on file. Once you have completed this form, return it and any attachments to the applicant in an envelope, which you should seal and sign across the flap.

The applicant will return the sealed envelope with the completed application to Touro College.

EVALUATION CHART

Please rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

| | Upper 10% | Upper 25% | Upper 50% | Lower 50% | Unable to judge |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation/Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



ASSESSMENT QUESTIONS

1. In what capacity and for how long have you known the applicant? (give dates, if possible)

2. In comparison to his/her peers, has the applicant used his/her abilities to their maximum potential?

3. If you would like to submit a more detailed recommendation please include a letter on your official letterhead along with this form.

OVERALL OPINION

Please check one:

- I recommend the applicant with confidence.
- I recommend the applicant with reservations.
- I do not recommend the applicant.

My reservations are:

 Signature of Recommender _____ Date _____

Name (type or print) _____ Title _____

Organization _____

Address _____
Number and Street *Apartment*

City *State* *Zip*

RETURN THIS FORM TO THE APPLICANT. SEAL AND SIGN THE FLAP OF THE ENVELOPE.

THANK YOU!



Recommendation Form

TO THE APPLICANT:

Complete the section below and send this form to your recommender with a self-addressed and stamped envelope.

Name: _____
First Last (Family) Middle

Program to which you are applying _____

Under the Family Educational Rights and Privacy Act of 1974, you have the right to review your official College student records. If you wish to waive that right in the case of this recommendation please sign here. Your waiver will in no way affect the decision on your application.

 Signature _____ Date _____

TO THE RECOMMENDER:

We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

Using the chart and questions below, please assess the applicant's potential as a graduate student. Your evaluation will be most helpful if your comments are as specific and candid as possible. Feel free to provide a more detailed evaluation of the candidate in an attached letter, if you prefer. The applicant has been given the option to waive the right to review this recommendation (see above).

Please keep in mind that the applicant cannot be considered for admission until your recommendation is on file. Once you have completed this form, return it and any attachments to the applicant in an envelope, which you should seal and sign across the flap.

The applicant will return the sealed envelope with the completed application to Touro College.

EVALUATION CHART

Please rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

| | Upper 10% | Upper 25% | Upper 50% | Lower 50% | Unable to judge |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation/Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



ASSESSMENT QUESTIONS

1. In what capacity and for how long have you known the applicant? (give dates, if possible)

2. In comparison to his/her peers, has the applicant used his/her abilities to their maximum potential?

3. If you would like to submit a more detailed recommendation please include a letter on your official letterhead along with this form.

OVERALL OPINION

Please check one:

- I recommend the applicant with confidence.
- I recommend the applicant with reservations.
- I do not recommend the applicant.

My reservations are:

 Signature of Recommender: _____ Date: _____

Name (type or print) _____ Title _____

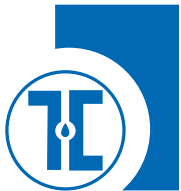
Organization _____

Address _____
Number and Street *Apartment*

City *State* *Zip*

RETURN THIS FORM TO THE APPLICANT. SEAL AND SIGN THE FLAP OF THE ENVELOPE.

THANK YOU!



Transcript Request Form

This form is only for use within the U.S.

APPLICANT:

Please fill out this form and forward it to your previous college or university. A transcript must be submitted from each college or university previously attended. You may photocopy this form. Please be sure to send this request early enough to ensure that the transcript will be returned to you in a timely manner.

Note: You must comply with the policy of each institution regarding transcript release regulations and fees.

REGISTRAR:

The person below is applying to the Division of Graduate Studies of Touro College. Please enclose this form together with an official transcript. After sealing the envelope, please sign across the seal and return it to the applicant so that it can be included with his/her application package. If it is against the policy of your institution to release official transcripts to students, please send the transcript directly to Touro College at the address given at the bottom of this form.

Name _____
First Last (Family) Middle

U.S. Social Security Number _____ Date of Birth _____

Date of Enrollment _____ to _____ Degree _____ Graduation Year _____

I hereby request that my transcript be sent to my address in the envelope that I have provided with this form:

Signature of Applicant _____ Date _____

Touro College, Office of Admissions, 43 West 23rd St, 4th floor, New York, NY 10010



Application Fee Payment Form

This form is only for use within the U.S.

NAME

Last (Family) First Middle

ADDRESS

Number and Street Apartment City State Zip

I have enclosed a check in the amount of \$50 payable to "Touro College."

I have provided credit card details below.

Name on card _____

Type of card: (only these accepted)

VISA MasterCard Discover

Card number _____

Exp. _____

V Code (last 3 digits on the signature line) _____

mm/yyyy

Amount to be charged: **\$50.00**

I, _____ authorize Touro College to charge my credit card as stipulated above.
(Print Your Name)

Signature of Applicant _____ Date _____





Immunization Form

This form is to be completed by all students born on or after January 1, 1957.

PERSONAL INFORMATION (To be completed by the student)

Name _____ /_____/_____
First Last Middle (complete) Date of Birth

Social Security Number _____ Touro I.D. (if any) _____ Prog/Ext _____

MAILING ADDRESS

Number and Street Apartment # City State Zip/Postal Code

Day Phone (_____) _____ Evening Phone (_____) _____

Check at least one of the statements below.

- Vaccination Record below is complete for each disease. I have no acceptable alternate record or exemptions to submit.
- Alternate records are attached for each disease.
- Medical Exemption on reverse is complete for each vaccination for which I claim medical examination.

_____ /_____/_____
Signature Date

VACCINATION RECORD (To be completed by the health practitioner)

| | Measles | Rubella | Mumps | or Combined MMR |
|---|---------------------------|--------------------|--------------------|--------------------|
| Vaccination Date <small>(Two doses required for Measles or MMR)</small> | Dose 1 _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ |
| | Does 2 _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ |
| Disease history <small>(Date of Onset)</small> | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ |
| | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ |
| Serology Date and Results <small>(Indicate + or -) Include copy of lab report</small> | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ |
| | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ |
| Scheduled Date for Dose 2 | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ | _____ /_____/_____ |

Important Note About Revaccination:

Measles—If administered prior to 1968 and not specified as “live” and/or if student was less than 12 months of age for first dose and/or less than 15 months of age for second dose, vaccination must be repeated. Indicate date for follow-up. Mumps and Rubella—If vaccination was given prior to 1969 and/or if patient was less than 12 months of age, vaccination must be repeated.

I certify that the above information is correct. (Must be signed by health practitioner)

_____ /_____/_____
Signature Name /Title Date

Clinic Address Phone



MEDICAL EXEMPTION FROM IMMUNIZATION (To be completed by the health practitioner)

I certify that it is medically contraindicated for the above named person to be vaccinated for the disease(s) indicated below because of the stated medical reasons. (Reason and expiration date—or state if permanent—required for each disease.)

Check disease(s)—indicate medical reason(s) for contraindication

Valid through date

- Measles — _____ / ____ / ____
- Mumps — _____ / ____ / ____
- Rubella — _____ / ____ / ____

Must be signed by health practitioner to be acceptable.

 _____ / ____ / ____
Signature *Name / Title* *Date*

Clinic *Address* *Phone*

MENINGITIS VACCINATION RESPONSE (To be completed by student)

In accordance with New York State Public Health Law, Touro College requires that all students complete and return the following form to Touro College.

Check one box and sign below.

I have:

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date received _____ / ____ / ____

{Note: If you received the meningococcal vaccine available before February 2005, called Menomune™, please note this vaccine's protection lasts for approximately 3-5 years. Revaccination with the new conjugate vaccine, called Menactra™, should be considered within 3-5 years after receiving Menomune™.}

- read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis from my private health practitioner or when offered through Touro College.
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

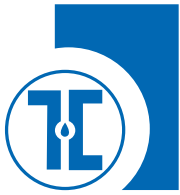
 _____ / ____ / ____
Student's Signature (Parent/Guardian if student is under 18) *Date*

Print Student's Name _____ / ____ / ____
Student's Date of Birth

Student's E-mail Address _____ *Student's ID or Social Security #*

Student's Mailing Address *Number and Street* *Apartment* *City*

State *Zip* _____
Student's Phone Number



Meningococcal Disease Notice

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF COMMUNICABLE DISEASE CONTROL

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord.)

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data is available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear 2 to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on the web sites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention, www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

