

NEW YORK UNIVERSITY
SCHOOL OF CONTINUING
AND PROFESSIONAL STUDIES

GRADUATE PROGRAM
APPLICATION



NYU-SCPS APPLICATION FOR ADMISSION TO GRADUATE STUDY

Please type or print in ink. Please read the application instructions carefully before completing the following information.

1. LEGAL NAME
 Mr. Ms. _____
Last (Family) First Middle Initial
OTHER NAMES THAT MAY APPEAR ON CREDENTIALS (INCLUDING MAIDEN NAME) _____
2. DATE OF BIRTH ____/____/____ 3. GENDER Male Female
4. COUNTRY OF BIRTH _____ 5. SOCIAL SECURITY NUMBER ____-____-____
If you plan to apply for loans or any type of financial aid, you must include your social security number.
6. PERMANENT HOME ADDRESS (Number and Street) _____ Apt. No. _____
City _____ State/Country _____ Zip/Postal Code _____
Country Code _____ Home Telephone (____) _____ Work Telephone (____) _____
Mobile/Cellular Number (____) _____ E-mail Address _____
7. LOCAL MAILING ADDRESS (IF DIFFERENT) (Number and Street) _____ Apt. No. _____
City _____ State/Country _____ Zip/Postal Code _____
8. PLEASE INDICATE CITIZENSHIP STATUS U.S. Citizen U.S. Permanent Resident Not U.S. Citizen or Permanent Resident
If "Not U.S. Citizen or Permanent," please indicate country of citizenship _____
9. IF NOT A U.S. CITIZEN OR PERMANENT RESIDENT, DO YOU PLAN TO STUDY ON AN F-1 VISA? YES NO
If you are not a U.S. Citizen or permanent resident and you do not need an F-1 Visa, what type of visa will you hold during your studies at NYU? _____
Is English your native language? YES NO If "No," please indicate your primary language. _____
10. RACIAL OR ETHNIC BACKGROUND (optional, for government reporting purposes only)
Do you consider yourself Hispanic or Latino (optional)? YES NO
Please select one or more of the following ethnicities that best describes you (optional):
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
11. FILING STATUS DATE OF ENTRY Fall _____ Spring _____ Summer _____
STATUS Full-time Part-time
12. ARE YOU CURRENTLY SERVING OR HAVE YOU PREVIOUSLY SERVED IN THE U.S. MILITARY? YES NO
13. HAVE YOU CONSULTED WITH ANY MEMBERS OF THE FACULTY OR ADMISSIONS STAFF OF NYU-SCPS? YES NO
IF YES, PLEASE INDICATE WITH WHOM AND WHEN. _____

NYU-SCPS APPLICATION FOR ADMISSION TO GRADUATE STUDY

14. PLEASE INDICATE THE MASTER'S DEGREE OR GRADUATE CERTIFICATE TO WHICH YOU ARE APPLYING. ALSO INDICATE THE CONCENTRATION (IF APPLICABLE) IN WHICH YOU ARE INTERESTED.

The M.S. in Management and Systems (*concentrations in Systems Management, Enterprise Risk Management, and Strategy and Leadership*); the M.S. in Human Resource Management and Development (*all concentrations*); and the Graduate Certificates in Benefits and Compensation, Core Business Competencies, Enterprise Risk Management, Human Resource Management, Information Technologies, Organizational and Executive Coaching, and Strategy and Leadership can be completed entirely online.

If you have applied to one of these programs, do you plan to pursue your studies entirely online? YES NO

M.S. IN TRANSLATION LANGUAGE PAIR _____

15. HAVE YOU OR WILL YOU HAVE RECEIVED A GRADUATE LEVEL DEGREE BEFORE YOU ENROLL IN CLASSES? YES NO

IF YES, PLEASE INDICATE DEGREE. _____

16. EDUCATION (List in chronological order all undergraduate, graduate, and professional schools.)

Dates	Institution	Location	Degree granted (or expected, with date)	GPA
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17. HAVE YOU PREVIOUSLY APPLIED TO NYU-SCPS? YES NO If yes, please indicate when. _____

18. HAVE YOU PREVIOUSLY APPLIED TO ANY SCHOOL OF NEW YORK UNIVERSITY? YES NO

19. DO YOU HAVE A RELATIONSHIP WITH THE UNIVERSITY? YES NO

If so, please indicate what your relationship is _____
and your NYU student identification number (if already assigned) _____.

20. PLEASE LIST IN ORDER OF PREFERENCE OTHER GRADUATE SCHOOLS, INCLUDING NYU, TO WHICH YOU ARE APPLYING.

21. WHICH STANDARDIZED TEST(S) HAVE YOU TAKEN AND WHEN?

TEST	DATE (MONTH/YEAR)	SCORES							
GRE		V:	%	Q:	%	T:	%	A:	%
GMAT		V:	%	Q:	%	T:	%	A:	%
TOEFL		Sec. 1:	Sec. 2:	Sec. 3:	COMPOSITE:			TWE:	

If you plan to take one of the tests listed above but have not yet tested, or if you plan to retake a test, indicate the test type _____ and scheduled test date _____.

NYU-SCPS APPLICATION FOR ADMISSION TO GRADUATE STUDY

22. CURRENT UNDERGRADUATE STUDENTS ONLY

Were you ever the subject of disciplinary action? YES NO

If you have any information you wish to bring to the attention of the admissions committee concerning your previous academic performance, please indicate here.

23. PLEASE LIST ANY ACADEMIC OR PROFESSIONAL HONORS YOU HAVE RECEIVED.

24. ASSOCIATIONS (Please list any professional associations to which you belong. Indicate any offices held.)

25. REFERENCES (Please list names of two people who will complete the evaluation form evaluating your academic and professional qualifications. You may submit 1) two professional recommendations; 2) one professional and one academic recommendation; or 3) two academic recommendations. Do not use personal or family friends.)

Full name and position

Present address

26. HOW DO YOU PLAN TO FINANCE YOUR EDUCATION?

Employer tuition reimbursement. If yes, is the reimbursement: Full Partial Company _____
 Income from employment Student Loans Outside scholarship
 Other (specify) _____

Do you plan to apply for financial aid (U.S. Citizens and U.S. Permanent Residents only)? YES NO

If so, you must file the Free Application for Federal Student Aid (FAFSA). Do you have a current FAFSA on file? YES NO

27. ARE YOU CURRENTLY WORKING? If so, indicate: Full-time Part-time

Industry *Number of years of full-time employment* *Employer* *Position*

28. ARE YOU INTERESTED IN ON-CAMPUS HOUSING? YES NO

MASTER OF SCIENCE IN DIGITAL IMAGING AND DESIGN

PORTFOLIO REQUIREMENTS



The portfolio should demonstrate your skills and creative potential and should reflect an aesthetic awareness and effective use of the medium selected to support the aesthetic. The review committee is interested in a serious exploration of the thought process behind your work.

Portfolio Submission Requirements

Applicants may submit a portfolio of work in any medium: sketches, paintings, illustrations, sculpture, animations, film, design projects, websites, photography, etc. All work should be clearly labeled with your name. No original material or art will be accepted. Portfolios must be submitted in the following formats only:

DVD

- A minimum of 10 images in jpeg or tiff format

or

CD

or

Slides

- Slides must be 35mm
- A minimum of 10 images
- Your name (as it appears on the application) in the upper left hand corner
- The work title and date of the work

Please label all slides with your name and the title of the piece.

or

Printed Materials

- The dimensions of printed materials should be no larger than 8 by 11 inches.

If submitting animations, please submit them as Quicktime Movies.

Inventory List

All applicants must include an inventory list with their portfolio. The list must be clearly labeled with your name as it appears on the application. The list should identify each piece by title or project, medium (software/materials used), and date of completion. For all collaborative works, please explain your role in the creative process. A short descriptive paragraph for each piece of work is helpful when the committee is reviewing your work.

Please note: SCPS is not responsible for your portfolio and will not return it. Applicants must keep copies of their portfolios.

MASTER OF SCIENCE IN TRANSLATION LANGUAGE PROFILE QUESTIONNAIRE

Name

Last

First

Middle

SOCIAL SECURITY NUMBER (if available) _____

The language into which one translates is known as the A language or the *target* language. In this program English is the A language. The languages from which one translates are known as B or C languages (according to the translator's competence) or *source* languages.

Please help us to develop your language profile by answering the following questions:

1. Which is your strongest language? _____

2. If English is not your native language, how did you acquire it? (Include formal education, extended stay/study in an English-speaking country, etc.)

3. Which is the B language in which you wish to take the entrance exam? _____

4. How did you acquire it? (Include formal education, extended stay/study in the respective country, etc.).

5. Do you know any other languages? If so, which are they? How did you acquire them?

Please email your completed form as an attachment to scps.gradadmissions@nyu.edu or mail it to:

NYU-SCPS Office of Admissions
145 Fourth Avenue, 2nd Fl.
New York, NY 10003-4906

MASTER'S DEGREE AND GRADUATE CERTIFICATE PROGRAMS

TRANSCRIPT REQUEST FORM

To the Applicant:

Please complete the information below (please print or type) and send this form in a sealed envelope to the registrar of the college that awarded your undergraduate degree. If you attended graduate school, photocopy this form, complete the data below, and send copies to all schools attended. When your college or university returns the completed form and your transcript to you in a sealed envelope, include that envelope with the materials you submit with your application.

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY YOUR COLLEGE REGISTRAR.

Name of Applicant

Last

First

Middle

ADDRESS

Number and Street

City

State

Postal Code

SOCIAL SECURITY NUMBER (U.S. citizens and permanent residents) _____

NAME OF COLLEGE OR UNIVERSITY _____

School attended within university

Dates of enrollment

From (Month/Year)

To (Month/Year)

If attended under a different name than above, give other name

Signature of applicant

Date

To the Registrar:

The above named student is applying for admission to a graduate degree program at New York University. The Admissions Committee appreciates your cooperation in the self-managed application process in which the applicant is responsible for submitting official copies of transcripts. Please attach an official copy of his or her transcript to this form and complete the remainder of this form as indicated below. We ask that you seal the envelope and sign across the envelope seal to ensure confidentiality.

Return in a sealed envelope to the applicant, who will submit it unopened to our Office of Admissions with his or her application.

Applicant's Cumulative Grade Point Average: _____

Applicant's Rank in Class: _____ out of _____

Please describe your grading system (for example, A=4, B=3, etc.) or attach such descriptive material if available.

Registrar's Signature

Official School Seal

Date

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ADDRESS

Number and Street

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SOCIAL SECURITY NUMBER (U.S. citizens and permanent residents) _____

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Date

MASTER'S DEGREE*

RECOMMENDATION PROVIDER FORM

To the Applicant:

Complete the information below (please print or type) and send this form to the below named recommendation provider. Type your name and return address on an envelope and submit it with this form to your recommendation provider. When it has been returned to you, include the sealed envelope among your application materials.

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE RECOMMENDATION PROVIDER.

NAME OF APPLICANT

Last First Middle

ADDRESS

Number and Street

City State Postal Code

SOCIAL SECURITY NUMBER (U.S. citizens and permanent residents) _____

NAME OF RECOMMENDATION PROVIDER _____

In order to allow the recommendation provider to provide an objective and candid impression, the applicant is encouraged to sign the following statement. Please be assured, however, that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admissions process.

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, to this letter of evaluation.

Signature of Applicant Date

To the Recommendation Provider:

The above named person is applying for admission to a Master's Degree Program at New York University. The Admissions Committee asks your cooperation in the self-managed application process in which the applicant is responsible for submitting letters of evaluation. We find that candid comments from those who can evaluate the applicant's performance and motivation through direct experience are extremely valuable, and we appreciate the time you are taking to provide this information.

Please complete this form, and enclose it in an envelope. You may also include a letter with this form. We ask that you seal the envelope and sign across the envelope seal to ensure confidentiality. Return the sealed envelope to the applicant, who will submit it unopened to the Office of Admissions.

How long have you known the applicant? _____

In what capacity? _____

What do you consider the applicant's outstanding talents? _____

In which areas could the applicant exhibit growth or improvement? _____

**Please note that Graduate Certificate applicants do not need to submit written evaluation forms.*

MASTER'S DEGREE*

RECOMMENDATION PROVIDER FORM

Please comment on your impression of the applicant's capacity for graduate work and his or her potential for a successful professional career.

EXCEPTIONAL
OUTSTANDING
GOOD
AVERAGE
POOR
UNABLE TO JUDGE

Please use this scale to rate the applicant in relation to his or her peers.

Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I strongly recommend.
- I recommend.
- I recommend with some reservations.
- I do not recommend that this applicant be admitted to the Master's Degree Program.

Name

Position/title

Organization

Address

()

Telephone number

Signature of recommendation provider

Date

MASTER'S DEGREE*

RECOMMENDATION PROVIDER FORM

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DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE RECOMMENDATION PROVIDER.

NAME OF APPLICANT

Last First Middle

ADDRESS

Number and Street

City State Postal Code

SOCIAL SECURITY NUMBER (U.S. citizens and permanent residents) _____

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Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I strongly recommend.
- I recommend.
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- I do not recommend that this applicant be admitted to the Master's Degree Program.

Name

Position/title

Organization

Address

()

Telephone number

Signature of recommendation provider

Date