

NEW YORK UNIVERSITY  
SCHOOL OF CONTINUING  
AND PROFESSIONAL STUDIES

GRADUATE PROGRAM  
**APPLICATION**



# 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 need 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. 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. \_\_\_\_\_

## SCPS APPLICATION FOR ADMISSION TO GRADUATE STUDY

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

- |   |   |
|---|---|
| <p><input type="checkbox"/> M.S. in Construction Management<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Construction Management for the Development Process</li> <li><input type="checkbox"/> Construction Project Management</li> </ul> <p><input type="checkbox"/> Graduate Certificate in Construction Management</p> <p><input type="checkbox"/> M.S. in Digital Imaging and Design</p> <p><input type="checkbox"/> M.S. in Fundraising and Grantmaking</p> <p><input type="checkbox"/> M.S. in Global Affairs<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> International Relations</li> <li><input type="checkbox"/> International Law, Dispute Settlement, and Institutions</li> <li><input type="checkbox"/> Human Rights and Humanitarian Assistance</li> <li><input type="checkbox"/> Transnational Security</li> <li><input type="checkbox"/> Environment/ Energy Policy</li> <li><input type="checkbox"/> Private Sector: International Business Economics and Development</li> </ul> <p><input type="checkbox"/> M.A. in Graphic Communications Management and Technology</p> <p><input type="checkbox"/> M.S. in Hospitality Industry Studies<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospitality Investments</li> <li><input type="checkbox"/> Revenue Management</li> <li><input type="checkbox"/> Hotel Operations</li> </ul> <p><input type="checkbox"/> Graduate Certificate in Hospitality Industry Studies</p> <p><input type="checkbox"/> M.S. in Human Resource Management and Development<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Human Resource Management</li> <li><input type="checkbox"/> Organizational Effectiveness</li> <li><input type="checkbox"/> Human Resource Development</li> </ul> <p><input type="checkbox"/> Graduate Certificate in Benefits and Compensation</p> <p><input type="checkbox"/> Graduate Certificate in Human Resource Management</p> <p><input type="checkbox"/> Graduate Certificate in Organizational and Executive Coaching</p> <p><input type="checkbox"/> M.S. in Integrated Marketing</p> | <p><input type="checkbox"/> M.S. in Management and Systems<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Systems Management</li> <li><input type="checkbox"/> Strategy and Leadership</li> <li><input type="checkbox"/> Enterprise Risk Management</li> <li><input type="checkbox"/> Database Technologies</li> </ul> <p><input type="checkbox"/> Graduate Certificate in Core Business Competencies</p> <p><input type="checkbox"/> Graduate Certificate in Enterprise Risk Management</p> <p><input type="checkbox"/> Graduate Certificate in Information Technologies</p> <p><input type="checkbox"/> Graduate Certificate in Strategy and Leadership</p> <p><input type="checkbox"/> M.S. in Public Relations and Corporate Communication<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Public Relations Management</li> <li><input type="checkbox"/> Corporate and Organizational Communications</li> </ul> <p><input type="checkbox"/> M.S. in Publishing</p> <p><input type="checkbox"/> M.S. in Real Estate<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Finance and Investment</li> <li><input type="checkbox"/> Development</li> <li><input type="checkbox"/> Strategic Real Estate Management</li> <li><input type="checkbox"/> Digital Design Applications for Real Estate</li> </ul> <p><input type="checkbox"/> Graduate Certificate in Real Estate</p> <p><input type="checkbox"/> M.S. in Sports Business<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marketing and Media</li> <li><input type="checkbox"/> Finance and Development</li> </ul> <p><input type="checkbox"/> Graduate Certificate in Sports Business</p> <p><input type="checkbox"/> M.S. in Tourism and Travel Management<br/><i>Concentrations:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Strategic Marketing</li> <li><input type="checkbox"/> Tourism Development</li> <li><input type="checkbox"/> Tourism Planning and Analysis</li> </ul> <p><input type="checkbox"/> Graduate Certificate in Tourism and Travel Management</p> |
|---|---|

The MS in Management and Systems (*concentrations in Systems Management, Enterprise Risk Management, and Strategy and Leadership*); the MS 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

# SCPS APPLICATION FOR ADMISSION TO GRADUATE STUDY

14. HAVE YOU OR WILL YOU HAVE RECEIVED A GRADUATE LEVEL DEGREE BEFORE YOU ENROLL IN CLASSES?  YES  NO  
 IF YES, PLEASE INDICATE DEGREE. \_\_\_\_\_

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

<i>Dates</i>	<i>Institution</i>	<i>Location</i>	<i>Degree granted (or expected, with date)</i>	<i>GPA</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. HAVE YOU PREVIOUSLY APPLIED TO NYU-SCPS?  YES  NO If yes, please indicate when. \_\_\_\_\_

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

18. 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) \_\_\_\_\_.

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

_____	_____
_____	_____
_____	_____

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

TEST	DATE (MONTH/YEAR)	SCORES							
		V:	%	Q:	%	T:	%	A:	%
GRE									
GMAT									
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 \_\_\_\_\_.

21. 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 or attach a separate statement.

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# SCPS APPLICATION FOR ADMISSION TO GRADUATE STUDY

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

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

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24. 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*

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25. HOW DO YOU PLAN TO FINANCE YOUR EDUCATION?

- Employer tuition reimbursement. If yes, is the reimbursement:  Full  Partial
- 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

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

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

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27. DO YOU PLAN TO APPLY FOR ON-CAMPUS HOUSING?  YES  NO

28. Please use the space below to provide any additional information you wish to bring to the attention of the Admissions Committee. This may include current or past gaps in employment, details on previous academic performance, plans to retake the GRE, GMAT, and/or TOEFL, or any other relevant information.

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# SCPS APPLICATION FOR ADMISSION TO GRADUATE STUDY

## 29. HOW DID YOU FIRST LEARN ABOUT THIS GRADUATE PROGRAM?

- |   |  |
|---|--|
| <input type="checkbox"/> Referral<br><input type="checkbox"/> Admissions Staff<br><input type="checkbox"/> Current College/University Professor/Advisor<br><input type="checkbox"/> Employer<br><input type="checkbox"/> SCPS Alumni<br><input type="checkbox"/> SCPS Faculty<br><input type="checkbox"/> SCPS Student(s) | <input type="checkbox"/> Magazine Ad<br><input type="checkbox"/> Newspaper Ad<br><input type="checkbox"/> Broadcast<br><input type="checkbox"/> Radio<br><input type="checkbox"/> Television<br><input type="checkbox"/> Podcast<br><input type="checkbox"/> Webinar |
| <input type="checkbox"/> Event<br><input type="checkbox"/> Graduate School Fair<br><input type="checkbox"/> Information Session<br><input type="checkbox"/> Off Campus Event<br><input type="checkbox"/> Webinar  | <input type="checkbox"/> Poster<br><input type="checkbox"/> Mass Transit<br><input type="checkbox"/> College Campus<br><input type="checkbox"/> Other  |
| <input type="checkbox"/> Mailing<br><input type="checkbox"/> Postcard/Letter<br><input type="checkbox"/> Brochure<br><input type="checkbox"/> E-mail  | <input type="checkbox"/> Online<br><input type="checkbox"/> Banner Ad<br><input type="checkbox"/> Search<br><input type="checkbox"/> Website   |

What sources of information most influenced your decision to apply?

- |   |  |
|---|--|
| <input type="checkbox"/> Graduate School Fair<br><input type="checkbox"/> Off Campus Event<br><input type="checkbox"/> Information Session (at SCPS)<br><input type="checkbox"/> Class Visit<br><input type="checkbox"/> SCPS Brochure<br><input type="checkbox"/> SCPS Website | <input type="checkbox"/> Email<br><input type="checkbox"/> Current Student(s)<br><input type="checkbox"/> SCPS Alumni<br><input type="checkbox"/> SCPS Faculty<br><input type="checkbox"/> Admissions Staff<br><input type="checkbox"/> Other (please specify below) |
|---|--|
- 

30. PERSONAL STATEMENT As part of our evaluation of your candidacy, the Admissions Committee requires a sample of writing as an indication of how your intended program of study relates to your goals. Please develop an essay of at least 250 words that describes how your background has prepared you to succeed in this program and the ways in which the degree will help you to achieve your professional goals.

I CERTIFY THAT I have read and understand all instructions accompanying this application and have answered all questions truthfully and to the best of my knowledge. I certify that the information I have provided on this application is complete and correct and that the essays have been written by me (international applicants are not to have their statement translated from their native language into English by anyone else).

I understand that any misrepresentation or omission may be cause for denying admission or permission to register at any time. I agree to abide by all New York University rules and regulations. I understand that New York University reserves the right to deny admission or permission to register or require the withdrawal of any student at any time for any reason it considers sufficient, including scholarship, character, and personal conduct. I understand that any items submitted to New York University in conjunction with this application become sole property of the School of Continuing and Professional Studies and will not be returned. I also understand that the application fee is not refundable.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# 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'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

# 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

# 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

### 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

\_\_\_\_\_

\_\_\_\_\_

(       )  
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Telephone number

\_\_\_\_\_  
Signature of recommendation provider

\_\_\_\_\_  
Date