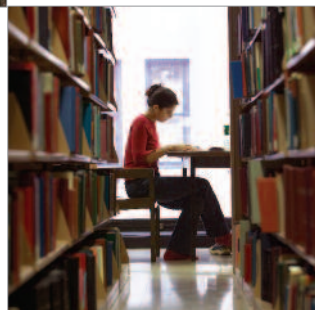


NEW YORK UNIVERSITY  
SCHOOL OF CONTINUING  
AND PROFESSIONAL STUDIES

PAUL MCGHEE DIVISION  
**APPLICATION**



# PAUL MCGHEE DIVISION APPLICATION INSTRUCTIONS

## THE MCGHEE DIVISION

The Paul McGhee Division of New York University's School of Continuing and Professional Studies (NYU-SCPS) offers undergraduate degree programs for adult students who are looking for a small college experience within a major, urban research university. Many of our applicants are interested in returning to college after an extended break in their education, while others seek to transfer from a community college or other 4-year institution. Some applicants are considering an undergraduate education for the first time. A common thread among our applicants is the desire to immerse themselves in the intellectually challenging environment of NYU and to earn an NYU degree. At NYU-SCPS, our students benefit from a program designed specifically to meet the needs of adult students.

## THE APPLICATION PROCESS

To ensure a smooth application process, we recommend that you carefully review the following information before you prepare your application.

The undergraduate degrees at NYU-SCPS are open to all qualified candidates who are at least 19 years of age. Students who have already obtained a bachelor's degree are not eligible to apply. *Certain exceptions apply to applicants for the A.A.S. in Diagnostic Medical Sonography. Please see the section DIAGNOSTIC MEDICAL SONOGRAPHY APPLICANTS below for additional information.*

This application is for those who have never attended the McGhee Division. If you have attended McGhee at another time, then please fill out the Readmission Application, which can be downloaded at [www.scps.nyu.edu/mcghee.readmitapplication](http://www.scps.nyu.edu/mcghee.readmitapplication). If you are interested in taking degree courses but not matriculating in a degree program, then please fill out the Special Student Application, which can be downloaded at [www.scps.nyu.edu/mcghee.specialstudent](http://www.scps.nyu.edu/mcghee.specialstudent).

## RECOMMENDED DATES TO APPLY

NYU-SCPS practices rolling admissions, which means applications are reviewed throughout the year, and an admission decision on a completed application is typically rendered within two to three weeks. Priority consideration for the SCPS Scholarship is given to applicants with a completed admissions application on file by the recommended application submission date. However, all eligible applicants with a completed admissions application on file by the final application deadline who file for financial aid will still be considered. Please see the section on FINANCIAL AID for additional information on the financial aid process.

Applications for all programs (except the A.A.S. in Diagnostic Medical Sonography) are accepted for fall, spring, and summer admission. Diagnostic Medical Sonography applicants are considered only for fall entry, and completed applications must be submitted by April 15.

TERM	RECOMMENDED DATE TO APPLY	FINAL DATE TO APPLY
Fall	July 1	August 15
Spring	November 1	December 15
Summer	April 1	May 1

# PAUL MCGHEE DIVISION APPLICATION INSTRUCTIONS

## APPLICATION COMPONENTS

The following components are required for a complete application:

- **Application Form.** A completed, dated, and signed admissions application form.
- **Résumé.** A copy of your most recent résumé that details your work/volunteer experience and/or creative accomplishments.
- **Autobiographical Statement.** A typewritten statement of at least 350 words that describes anything about you that you think we should know.
- **Letters of Recommendation.** Two letters of recommendation are required. They may be from individuals who know you through academic, professional, or volunteer experience.
- **Official Transcripts.** If you have previously studied at the college level, one official transcript from each college or university attended. A transcript is considered official only when received by the Office of Admissions in a sealed envelope. The Office of Admissions will review your application with unofficial copies of your transcripts, and if you are admitted, you must submit all official documents within your first semester of study. If you are admitted, you may also be required to submit an official high school transcript.

## THE ADMISSIONS REVIEW PROCESS

Because our applicants come from a variety of backgrounds and have unique interests and goals, we carefully consider each component of the application during the admissions review process. We use this holistic approach to evaluate your ability to benefit from, and contribute to, the robust learning environment that McGhee offers, and the admission decision is based on a collective review of all of your application materials. The following are some general guidelines we consider as part of our evaluation process. If you feel you are unable to adequately convey information in any part of the application, we encourage you to meet with an Admissions Counselor to enhance our knowledge of your particular experiences.

Reviewing your résumé allows us to understand more about the professional, personal, and/or volunteer experiences that may shape your educational and career goals and enrich the educational process. The accomplishments and responsibilities highlighted on your résumé may also serve as useful demonstration of your motivation, maturity, and focus.

Through your autobiographical statement, we develop a better understanding of your background as well as your interests. We hope to understand what you have learned from your experiences and how you have arrived at this point of interest in applying to McGhee. The autobiographical statement is also a useful component to evaluate your writing ability and potential.

Letters of recommendation provide us with a view of your skills and qualifications for college-level study through the perspective of individuals who know you through either professional or academic connections. These individuals should be able to comment on your ability to be successful at McGhee, so we encourage you to share some information about the McGhee Division with your recommendation providers so they can tailor their recommendations appropriately.

For applicants who have previously studied at the college level, college transcripts are also reviewed for insight into past academic experiences. If you have any information you wish to bring to the attention of the Admission Committee that may be relevant to your academic history, including prior performance or a postponement of your education, you may include this information on a separate sheet.

# PAUL MCGHEE DIVISION APPLICATION INSTRUCTIONS

## INTERNATIONAL APPLICANTS AND APPLICANTS WITH FOREIGN EDUCATION

In addition to the application components listed above, applicants who have studied outside of the United States will be required to submit additional documentation:

- For all foreign studies completed, including high school and college, we must receive official transcripts or mark sheets from the granting institution. Each foreign transcript must also be evaluated for equivalency to the U.S. educational system. Evaluations are acceptable only from evaluation services recognized by the National Association of Credential Evaluation Services ([www.naces.org](http://www.naces.org)). Please request a course-by-course evaluation.
- The TOEFL is required for all applicants whose native language is not English. NYU-SCPS requires a minimum score of 600 on the paper-based TOEFL, 100 on the Internet-based TOEFL, or 250 on the computer-based TOEFL. The TOEFL may be waived if you have been a permanent resident of the U.S. for four or more years. You will be required to submit a copy of your permanent resident card to verify this information.

## DIAGNOSTIC MEDICAL SONOGRAPHY APPLICANTS

Applicants interested in the A.A.S. in Diagnostic Medical Sonography who have earned a high school diploma or GED may apply if they are younger than 19 years of age. Additionally, applicants who have already obtained a bachelor's degree are eligible to apply. Diagnostic Medical Sonography applicants will be considered only for fall entry, and complete applications must be submitted by April 15.

In addition to the required application components listed above, Diagnostic Medical Sonography applicants must also completed math and writing placement exams as part of the application process. Please contact the Office of Admissions for the exam schedule.

## SUBMITTING THE APPLICATION PACKAGE

We encourage you to submit your supporting materials with your application in the same package. However, it is acceptable to submit documents as they are available. Letters of recommendation submitted in paper format must be received in sealed envelopes. If a letter of recommendation is sent to you, do not open the envelope before you submit it to our office. We encourage you to have your official transcripts sent directly to us. If an official transcript is sent to you, do not open the envelope before you submit it to our office.

## MAILING ADDRESS

Application materials submitted in paper format should be mailed to:

Office of Admissions  
New York University  
School of Continuing and Professional Studies  
145 Fourth Avenue, 2nd Floor  
New York, New York 10003

# PAUL MCGHEE DIVISION APPLICATION INSTRUCTIONS

## RECEIPT OF APPLICATION AND DECISION NOTIFICATION

The Office of Admissions sends an e-mail acknowledgment to all applicants upon receipt of an application. This e-mail will include information on how to view the status of your application. The status of individual application credentials is updated within one week of receipt.

Typically, an admission decision on a completed application is issued within two to three weeks after the review process begins. Admission decisions for completed applications are issued beginning in February for the summer semester, March for the fall semester, and September for the spring semester. The NYU-SCPS Office of Admissions provides written admission decisions only and will not release a decision over the telephone.

## APPLICATION DEFERRAL

If you are admitted to an undergraduate program and are not able to begin studies in the semester to which you have been admitted, you may defer your application for up to one academic year. To defer your application, you must submit a request in writing to [mcgheeadmissions@nyu.edu](mailto:mcgheeadmissions@nyu.edu). All deferred applications are reviewed for the new semester, as admission parameters may change.

## NON-MATRICULANT OR SPECIAL STUDENT STATUS

Students who already have a baccalaureate degree sometimes take supplementary undergraduate courses in preparation for graduate or professional study. Undergraduate students on temporary leave from other institutions may also wish to enroll in individual courses, with the objective of transferring credit to their home university or college. At NYU-SCPS, non-matriculated students are called Special Students. Additional information and an application for Special Student admission can be found on our website: <http://www.scps.nyu.edu/mcghee.specialstudent>.

## FINANCIAL AID

Financial aid for McGhee students comes in many forms. The majority of our students receive a combination of federal and private loans, state and federal grants, and scholarships to help make their studies attainable and affordable. SCPS scholarships are determined by an applicant's financial need and academic potential, and priority consideration is given to applicants with a completed admissions application on file by the recommended application submission date. However, all eligible applicants with a completed admissions application on file by the final application deadline who file for financial aid will still be considered.

To be considered for financial aid, you must complete the Free Application for Federal Student Aid (FAFSA), and we encourage you to file the FAFSA when you apply for admission. The FAFSA is the only federal application needed to determine eligibility for financial aid. We encourage all eligible students to file the FAFSA, regardless of financial circumstances. You will not be considered for any financial assistance, including scholarships, unless you file the FAFSA.

You may file the FAFSA at any time throughout the academic year, but keep in mind that processing may take several weeks. Therefore, we encourage you to file as early as possible. Additionally, filing the FAFSA electronically greatly expedites the process. The FAFSA may be filed online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Please use NYU's school code of 002785 when submitting the FAFSA to ensure that NYU receives your application.

## PAUL MCGHEE DIVISION APPLICATION INSTRUCTIONS

If you would like to receive financial aid in the summer semester, then you must also fill out the NYU Financial Aid Form, which is available at [www.nyu.edu/financial.aid](http://www.nyu.edu/financial.aid).

### **NYU HOUSING**

University housing is very limited and available only to full-time students who enroll for a minimum of 12 credits each semester. For students interested in university housing, the NYU Department of Housing opens a wait list at the beginning of each semester. For more information, please visit [www.nyu.edu/housing](http://www.nyu.edu/housing).

### **ADDITIONAL QUESTIONS**

The Office of Admissions is here to help you throughout the application process. We are pleased that you are considering the McGhee Division at NYU-SCPS and understand that the decision to complete your undergraduate education requires a great deal of thought and planning. Although we do not require a formal interview as part of the application process, we do encourage applicants to meet with an Admissions Counselor to discuss their candidacy and any questions or concerns regarding the process. Please contact the Office of Admissions at [mcgheadmissions@nyu.edu](mailto:mcgheadmissions@nyu.edu) or 212-998-7100.

# PAUL MCGHEE DIVISION APPLICATION

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. 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. \_\_\_\_\_

# PAUL MCGHEE DIVISION APPLICATION

13. PLEASE SELECT THE UNDERGRADUATE PROGRAM TO WHICH YOU WISH TO APPLY (SELECT ONE):

Undecided

## ASSOCIATE'S DEGREES

- Business (BUSN)
- Diagnostic Medical Sonography (SONO)
- Health Administration (HADM)
- Information Systems Management (ISMA)
- Liberal Arts (LIBA)

## BACHELOR OF ARTS DEGREES

- Humanities (HUMN)  
*Concentrations:*
  - Art History (ARH)
  - Creative Writing (CRW)
  - Literature (LIT)
- Social Sciences (SOCS)  
*Concentrations:*
  - Anthropology (ANT)
  - Economics (ECO)
  - History (HIT)
  - International Studies (INS)
  - Media Studies (MST)
  - Organizational Behavior and Communication (ORB)
  - Politics (POS)
  - Psychology (PSY)
  - Sociology (SOC)

## BACHELOR OF SCIENCE DEGREES

- Digital Communications and Media (DGCM)  
*Concentrations:*
  - Computer Animation and Visual Effects (AVE)
  - Media Production: Film and Digital Video (MFD)
  - Web Production (WEB)
- Healthcare Management (HSPP)  
*Concentrations:*
  - Community Health/Healthcare Advocacy (CHA)
  - Long-Term Care (LTC)
- Information Systems Management (COTE)  
*Concentrations:*
  - Database Technologies Management (DTM)
  - E-Commerce Management (EMG)
  - Enterprise Systems Management (ESM)
  - Network Management and Security (NMS)
- Leadership and Management Studies (LRMS)  
*Concentrations:*
  - Advertising and Public Relations (APR)
  - Human Resource Management (HRM)
  - International Business (INB)
  - Marketing Management (MKM)
  - Organizational Management and Development (OMD)
  - Technology Management (TEM)
- Real Estate (REBS)

Applicants to the BS in Leadership and Management Studies (*concentrations in International Business, Human Resource Management, and Organizational Management and Development*) or the B.A. in Social Sciences (*concentration in Organizational Behavior and Communication*) who have previously completed 40–64 credits at another regionally accredited college or university may be eligible to complete their degree entirely online.

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

14. HAVE YOU PREVIOUSLY APPLIED TO MCGHEE?  YES  NO If yes, please indicate when. \_\_\_\_\_

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

16. 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) \_\_\_\_\_.

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

_____	_____
_____	_____
_____	_____

# PAUL MCGHEE DIVISION APPLICATION

## 18. EDUCATION

SECONDARY SCHOOLS List all secondary schools you have attended (grades 9-12) in chronological order and do not abbreviate.

Name of School	Location (City, State)	Dates Attended (Month/Year-Month/Year)	Date of Graduation (Month/Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### GENERAL EQUIVALENCY DIPLOMA (GED) STUDENTS

- I received a GED. List GED Score \_\_\_\_\_ Date GED Awarded (Month/Year) \_\_\_\_\_
- I do not have a high school diploma or a General Equivalency Diploma (GED).
- I plan to pursue the GED program at NYU.\*

*\*I understand that no financial aid is available for the GED program.*

COLLEGES List all colleges or universities you have attended in chronological order and do not abbreviate.

Name of School	Location (City, State)	Dates Attended (Month/Year-Month/Year)	Number of Credits Earned	Date of Graduation (Month/Year)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 19. ACADEMIC DISMISSAL

HAVE YOU BEEN SUSPENDED OR DISMISSED FROM ANOTHER COLLEGE OR UNIVERSITY WITHIN THE PAST YEAR?  YES  NO  
If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 20. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, please identify nature of conviction, date, and where conviction occurred.

\_\_\_\_\_

\_\_\_\_\_

## 21. PLEASE LIST ANY ACADEMIC OR PROFESSIONAL HONORS YOU HAVE RECEIVED.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PAUL MCGHEE DIVISION APPLICATION

22. ASSOCIATIONS Please list any professional associations or volunteer organizations to which you belong. Indicate any offices held.

---

---

---

---

---

## SHORT-ANSWER QUESTIONS

Please answer each of the next four questions in 100-150 words.

23. HOW HAS YOUR BACKGROUND PREPARED YOU TO SUCCEED AT MCGHEE?

---

---

---

---

---

---

---

---

---

---

24. HOW WILL AN UNDERGRADUATE DEGREE FROM MCGHEE HELP YOU TO ACHIEVE YOUR GOALS?

---

---

---

---

---

---

---

---

---

---

# PAUL MCGHEE DIVISION APPLICATION

25. WHAT DO YOU HOPE TO ACCOMPLISH DURING YOUR FIRST YEAR OF STUDY?

---

---

---

---

---

---

---

---

---

---

26. DESCRIBE A BOOK THAT HAS INFLUENCED YOUR LIFE.

---

---

---

---

---

---

---

---

---

---

27. RECOMMENDATIONS Please list names of two people who will complete the evaluation form evaluating your academic and/or professional qualifications or for whom you may have worked as a volunteer.

*Full name and position*

*Present address*

---

---

28. 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

# PAUL MCGHEE DIVISION APPLICATION

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

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

---

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

31. HOW DID YOU FIRST LEARN ABOUT THE UNDERGRADUATE PROGRAMS AT NYU'S PAUL MCGHEE DIVISION?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Referral<br><input type="checkbox"/> Admissions Staff<br><input type="checkbox"/> Current College/<br>University Professor/<br>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"/> 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<br><input type="checkbox"/> Mailing<br><input type="checkbox"/> Postcard/Letter<br><input type="checkbox"/> Brochure<br><input type="checkbox"/> E-mail | <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"/> Poster<br><input type="checkbox"/> Mass Transit<br><input type="checkbox"/> College Campus<br><input type="checkbox"/> Other<br><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"/> College 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"/> McGhee Brochure<br><input type="checkbox"/> SCPS Website | <input type="checkbox"/> E-mail<br><input type="checkbox"/> Current Student(s)<br><input type="checkbox"/> McGhee Alumni<br><input type="checkbox"/> McGhee Faculty<br><input type="checkbox"/> Admissions Staff<br><input type="checkbox"/> Other (please specify below) |
|---|---|

---

32. AUTOBIOGRAPHICAL STATEMENT

The Admissions Committee wants to learn more about you. Please submit a typewritten statement of at least 350 words that describes anything about you that you think we should know. When reviewing your autobiographical statement, we hope to understand what you have learned from your experiences and how you have arrived at this point of interest in applying to McGhee.

33. SUPPLEMENTAL INFORMATION (OPTIONAL)

If you have any additional information you wish to bring to the attention of the admissions committee, please provide it on a separate sheet.

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 autobiographical statement and short-answer questions 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 misrepresentations or omissions 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.

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

# PAUL MCGHEE DIVISION APPLICATION 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. You may have the recommendation letter sent to you or NYU as long as the envelope remains sealed.

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 to this letter of evaluation.  YES  NO

\_\_\_\_\_  
Signature of Applicant Date

## *To the recommendation provider:*

The above-named person is applying for admission to an undergraduate degree program at New York University's Paul McGhee Division. 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PAUL MCGHEE DIVISION APPLICATION RECOMMENDATION PROVIDER FORM

Please comment on your impression of the applicant's capacity for undergraduate 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 Paul McGhee Division.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

(       )  
Telephone number

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

\_\_\_\_\_  
Date

# PAUL MCGHEE DIVISION APPLICATION 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. You may have the recommendation letter sent to you or NYU as long as the envelope remains sealed.

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 to this letter of evaluation.  YES  NO

\_\_\_\_\_  
Signature of Applicant Date

## *To the recommendation provider:*

The above named person is applying for admission to an undergraduate degree program at New York University's Paul McGhee Division. 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PAUL MCGHEE DIVISION APPLICATION RECOMMENDATION PROVIDER FORM

Please comment on your impression of the applicant's capacity for undergraduate 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 Paul McGhee Division.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

(       )  
Telephone number

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

\_\_\_\_\_  
Date



SCHOOL OF CONTINUING & PROFESSIONAL STUDIES

*At the center of the center of it all.*