



New Jersey City University
Office of Graduate Studies
Request For Matriculation

(NOT REQUIRED FOR STUDENTS SEEKING CERTIFICATION or ENDORSEMENT ONLY)

Name _____

Address _____

GothicNet ID (or Last 4 SSN): _____ Telephone _____

E-Mail: _____

I hereby REQUEST MATRICULATION in the _____ Program. (When indicating the program desired, please consult the catalog and be specific i.e., Early Childhood Education.) In compliance with the requirements for the matriculation of the Graduate Division, I have submitted the required forms as checked below:

- (1) Formal Application for Admission.
(2) Official Completed Undergraduate transcript.
(3) Two Letters of Recommendation.
(4) Graduate Record Exam/ Miller Analogies Test
TOEFL / GMAT
(5) PRAXIS (Elementary and Secondary Ed. applicants)
(6) Copy of teaching certificates (If interested in teacher education program.)

As of _____, I have completed _____ semester hours of graduate work at New Jersey City University.

I am requesting an evaluation of _____ transfer credits from _____. I have sent an Official transcript of these credits to the Graduate Office.

NOTE: I have read the graduate Catalog on specific requirements for entrance into the degree program and the section on transfer credits.

SIGNATURE

DO NOT WRITE BELOW THIS LINE

Undergraduate Cumulative Average _____

Official Graduate Record Examination Scores _____ V _____ Q _____ AW

Official Miller Analogies Test Scores _____

Official GMAT Test Scores _____ Total _____ V _____ Q _____ AW

APPROVED BY _____
Director of Graduate Admissions Chair/Coordinator of the Department