

Application for Admission to Graduate Studies

**Note: Deadline Date for Filing**

Fall — August 1, Spring — December 1, Summer — May 1

**APPLICATION FEE - \$55.00\***

Pay online by credit card or e-check at:  
[www.njcu.edu/graduate\\_app/login.asp](http://www.njcu.edu/graduate_app/login.asp)  
 (\*Waived for NJCU Graduate Degree Alumni)



Office of Graduate Studies  
 New Jersey City University  
 2039 Kennedy Boulevard  
 Jersey City, New Jersey 07305-1597  
 Toll-free: 1-877-NJCUGRAD  
[grad\\_dept@njcu.edu](mailto:grad_dept@njcu.edu)

Application will not be processed unless all questions are answered.

**Personal Data**

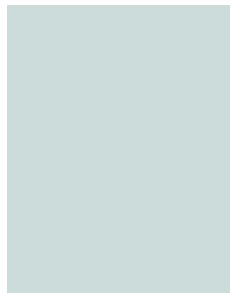
Please print clearly using a black ball point pen.

Social Security Number		Date of Birth: month day year			Sex:
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Name (as it appears on your social security card)					
Last		First		Middle	Previous Name (if any)
Permanent Address					
Street and Number		City	State	Zip	County
Current Address (if different than permanent)					
Street and Number		City	State	Zip	Until what date?
Work Phone Number		Home Phone Number		Current e-mail	
( )		( )			
Ethnicity: Responses to the following questions are solely voluntary. Refusal to provide this information will not subject the applicant to any adverse treatment.					
Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please select one or more from the following racial groups if any apply to you:					
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
Citizenship:				Place of Birth: (state/county)	
<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> International Student (F-1) <input type="checkbox"/> Visitor					
Are you a NJ resident? If so, when did you establish continuous residency? month / year				Are you eligible for veterans educational benefits?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Visa/Permit Data**

For International Students

International Student Filing Deadline: April 15

Country of present citizenship	What is your native language?	 <p><b>PHOTO</b> Please write name on back of photo</p>	
Number of years you studied English	Where?		
Type of Visa you plan to attain			
What will be the source of your financial support while you study in the United States?			
Monthly \$ _____	Semesterly \$ _____		Yearly \$ _____
Name, address and telephone of a person living in the United States who knows you			
Your relationship to that person			
What are your plans after completion of your proposed studies in the United States?			

## Academic Information

Will your bachelor's degree be awarded prior to your taking graduate classes?  
 Yes       No (if no, contact the Office of Graduate Studies)

Preferred starting semester:  
 Year \_\_\_\_\_  Fall       Spring       Summer I       Summer II

Check all that will apply to you:  
 Full Time       Part Time       Saturday/Evening       Re-Admit  
 Online       Off-campus, Wall Township       Off-campus, Other: \_\_\_\_\_

Admission Status:  
 Matriculated       Non-Matriculated (Conditional)       Certification Only       Courses Only       Visiting Student

Academic Plan

Have you taken (if yes indicate date on which test was taken):  
 GRE (score: \_\_\_\_/\_\_\_\_)     MAT (score: \_\_\_\_/\_\_\_\_)     GMAT (score: \_\_\_\_/\_\_\_\_)     TOEFL (score: \_\_\_\_/\_\_\_\_)     Other : \_\_\_\_\_

Have you requested that your scores be sent to this graduate office?  Yes     No

Please discuss your academic objective, including your reason for pursuing a graduate program. Indicate your career goals and special interests (use a separate sheet).  
 Essay must consist of 250-500 words.

Name and Location of Institutions:  
 List in chronological order (most recent first) all colleges, universities (including NJCU) and professional/technical schools attended for an undergraduate or graduate degree or classes (even if you did not receive a degree). Arrange for the Registrar of each institution attended (except NJCU), to send two official copies of all transcripts to the Office of Graduate Studies at NJCU.

Name and Location of Institution	Note: An official transcript from all institutions listed must be submitted to the Office of Graduate Studies before application can be processed.	Dates of Attendance Month/Year to Month/Year	Name of all degrees received or expected (e.g. B.A., B.S., M.A., Ph.D.)

## Professional References

Name and addresses of two academic/professional references:.


## Employment Information

(list current or most recent first)

Employer	Address	Position or Job Title	Dates of Employment

## Applicant's Signature

The statements made in this application are accurate and complete to the best of my knowledge. If I attend NJCU, I agree to comply with the rules and regulations of the University. Failure to provide full documentation or falsification of credentials may result in cancellation of admission to the University.

Signature \_\_\_\_\_ Date \_\_\_\_\_