



TOURO COLLEGE BERLIN  
DIVISION OF GRADUATE STUDIES

# Applicant Cover Sheet & Check List

Please include this form with your application.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

### Program

Master's       Advanced Certificate

Refer to the Directory of Programs on p.8 to obtain the codes below:

Program Code  Specialization Code (if applicable)  Location Code  Program Title \_\_\_\_\_

**YES      NO      Please check "YES" for each item that is included in your application.**

- YES     NO    **Application for Admission.**
- YES     NO    **Application Fee.**
- YES     NO    **Official Transcripts.**
- YES     NO    **Translations of Foreign Transcripts.**
- YES     NO    **Credential Evaluation of Foreign Transcript, if necessary.**
- YES     NO    **Recommendation Letters.** Please list the names of recommenders and indicate whether their recommendations are enclosed.
  - 1. \_\_\_\_\_ Enclosed:  Yes  No
  - 2. \_\_\_\_\_ Enclosed:  Yes  No
  - 3. (if applicable) \_\_\_\_\_ Enclosed:  Yes  No
- YES     NO    **Supplemental Application Form.**
- YES     NO    **Admission Test Score Report.**
- YES     NO    **English Language Test Score Report.**
- YES     NO    **Additional Requirements.** I have included all additional documents necessary for the program to which I am applying, as described in the *Additional Requirements* section, for example, essays, résumés, copies of professional certification.

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

**Reminder: It is your responsibility to complete your application with all supporting material by the deadline.**



TOURO COLLEGE BERLIN  
DIVISION OF GRADUATE STUDIES

**Application for Admission**

**APPLICATION FOR:**

**Program**

Master's       Advanced Certificate

Refer to the Directory of Programs on p.8 to obtain the codes below:

**Program Code**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Specialization Code** (if applicable)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Location Code**

|  |
|--|
|  |
|--|

**Program Title**

\_\_\_\_\_

**Semester**

Fall  
 Spring  
 Summer

**Year**

20\_\_\_\_\_

Part-time  
 Full-time

**PERSONAL INFORMATION** (Type or neatly print)

Name: \_\_\_\_\_  
                                    Last (family)  First  Middle

If transcripts, test scores, or other documents are under another name, give name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ U.S. Social Security Number \_\_\_\_\_ Gender  Female  Male  
            mm            dd            yyyy

Have you previously applied to Touro College?  Yes  No If yes, Year \_\_\_\_\_ Program \_\_\_\_\_

**PERMANENT ADDRESS**

\_\_\_\_\_  
Number and Street  Apartment

\_\_\_\_\_  
City  State  Zip  Country

\_\_\_\_\_  
E-mail  Home Phone  Cell Phone

**MAILING ADDRESS**

\_\_\_\_\_  
(if different from above) Number and Street  Apartment

\_\_\_\_\_  
City  State  Zip  Country

**CITIZENSHIP/RESIDENCY INFORMATION**

Are you a resident of New York State?  Yes  No If yes, since when? \_\_\_\_\_

Country of citizenship \_\_\_\_\_ Country of birth \_\_\_\_\_

Are you a U.S. permanent resident?  Yes  No If yes, Alien Registration # \_\_\_\_\_

If you are a temporary resident, indicate visa type \_\_\_\_\_

Will you be attending Touro College on a student visa (F-1)?  Yes  No

### ACADEMIC BACKGROUND

List all postsecondary institutions attended, including Touro College if applicable. List the most recent first. Use a supplemental sheet if needed.

| Name of Institution | City, State | Dates of Attendance<br>(mm/yy) | Degree<br>(BA, MS, etc) | Date of degree award<br>(mm/yy) | Cumulative GPA<br>(4.0 scale) |
|---------------------|-------------|--------------------------------|-------------------------|---------------------------------|-------------------------------|
| _____               | _____       | From _____ To _____            | _____                   | _____                           | _____                         |
| _____               | _____       | From _____ To _____            | _____                   | _____                           | _____                         |
| _____               | _____       | From _____ To _____            | _____                   | _____                           | _____                         |

If you are transferring from another college or university, indicate your reason(s) for leaving.

\_\_\_\_\_

Have you ever been under academic discipline, probation, or suspension, or been asked to withdraw from any school or college? If yes, explain.

\_\_\_\_\_

Has your college, university, graduate or professional school course been interrupted for one or more semesters? If yes, explain why and indicate how you have spent this interval.

\_\_\_\_\_

### STANDARDIZED TESTS

Refer to the 'Additional Requirements' section on p.6-7 to find out if your intended program requires standardized tests.

| Test  | Date of Test (mm/yyyy) | Score        |  |                          |  |
|-------|------------------------|--------------|--|--------------------------|--|
| GMAT  | _____                  | Total _____  |  |                          |  |
| GRE   | _____                  | Verbal _____ | Quant. _____   | Analytical Writing _____ |  |
| TOEFL | _____                  | Total _____  | Format: <input type="checkbox"/> Internet <input type="checkbox"/> Computer <input type="checkbox"/> Paper |                          |  |
| IELTS | _____                  | Total _____  |  |                          |  |

### PROFESSIONAL BACKGROUND

Do you hold any professional certification?  Yes  No If yes, provide the following details:

| Title | Issued by | Date issued | Date of expiration |
|-------|-----------|-------------|--------------------|
| _____ | _____     | _____       | _____              |
| _____ | _____     | _____       | _____              |

List your most recent professional experience below. Use a supplemental sheet if more space is needed.

| Position | Employer | Address | Dates               |
|----------|----------|---------|---------------------|
| _____    | _____    | _____   | From _____ To _____ |
| _____    | _____    | _____   | From _____ To _____ |

### SPECIAL DEMOGRAPHIC DATA

The information requested below is being collected from U.S. citizens and permanent residents to meet research and federal reporting requirements. It is confidential and will be released only as statistical summaries in which individuals are not identified. Response is voluntary. The information has no bearing on either admission or academic decisions.

- Are you Hispanic or Latino?  Yes  No
- Please choose one or more of the following groups to describe your race:
  - American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander
  - Asian  White
  - Black or African American

### STATEMENT OF CERTIFICATION

I certify that all information supplied in this application is true and complete to the best of my knowledge. I understand that withholding or giving false information will make me ineligible for admission to Touro College. I also understand that the application fee may not be waived nor is it refundable, and that the application and supporting documents become the property of Touro College and cannot be returned.

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

Touro College does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.



**TOURO COLLEGE BERLIN**  
**DIVISION OF GRADUATE STUDIES**

**Recommendation Form**

**TO THE APPLICANT:**

*Complete the section below and send this form to your recommender with a self-addressed and stamped envelope.*

Name: \_\_\_\_\_  
First Last (Family) Middle

Program to which you are applying \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, you have the right to review your official College student records. If you wish to waive that right in the case of this recommendation please sign here. Your waiver will in no way affect the decision on your application.

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

**TO THE RECOMMENDER:**

We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

Using the chart and questions below, please assess the applicant's potential as a graduate student. Your evaluation will be most helpful if your comments are as specific and candid as possible. Feel free to provide a more detailed evaluation of the candidate in an attached letter, if you prefer. The applicant has been given the option to waive the right to review this recommendation (see above).

Please keep in mind that the applicant cannot be considered for admission until your recommendation is on file. Once you have completed this form, return it and any attachments to the applicant in an envelope, which you should seal and sign across the flap.

The applicant will return the sealed envelope with the completed application to Touro College.

**EVALUATION CHART**

Please rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

|                       | Upper 10%                | Upper 25%                | Upper 50%                | Lower 50%                | Unable to judge          |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual ability  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral expression       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written expression    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation/Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ASSESSMENT QUESTIONS**

1. In what capacity and for how long have you known the applicant? (give dates, if possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In comparison to his/her peers, has the applicant used his/her abilities to their maximum potential?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you would like to submit a more detailed recommendation please include a letter on your official letterhead along with this form.

**OVERALL OPINION**

Please check one:

- I recommend the applicant with confidence.
- I recommend the applicant with reservations.
- I do not recommend the applicant.

My reservations are:

\_\_\_\_\_  
\_\_\_\_\_

 Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

Name (type or print) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
*Number and Street* *Apartment*

*City* *State* *Zip*

**RETURN THIS FORM TO THE APPLICANT. SEAL AND SIGN THE FLAP OF THE ENVELOPE.**

**THANK YOU!**



TOURO COLLEGE **BERLIN**  
DIVISION OF GRADUATE STUDIES

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

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| Oral expression       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Motivation/Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### ASSESSMENT QUESTIONS

1. In what capacity and for how long have you known the applicant? (give dates, if possible)

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2. In comparison to his/her peers, has the applicant used his/her abilities to their maximum potential?

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3. If you would like to submit a more detailed recommendation please include a letter on your official letterhead along with this form.

### OVERALL OPINION

Please check one:

- I recommend the applicant with confidence.
- I recommend the applicant with reservations.
- I do not recommend the applicant.

My reservations are:

---

---

 Signature of Recommender: \_\_\_\_\_ Date: .. \_\_\_\_\_

Name (type or print) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
*Number and Street* *Apartment*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RETURN THIS FORM TO THE APPLICANT. SEAL AND SIGN THE FLAP OF THE ENVELOPE.**

**THANK YOU!**



## Supplemental Application Form

### ESSAYS

Applicants must submit **two** essays (see below). Essays must be typed, double-spaced, using a 12-point font, limited to 500 words, and submitted with your application.

#### ESSAY ONE – Please answer either (a) or (b):

- (a) Describe a significant accomplishment in your life that has influenced an organization with which you have recently been or are currently affiliated. Discuss the impact this accomplishment had on the organization and how this experience was valuable to you or others.
- (b) How do you imagine your life five years from now? Think not only about employment issues but also other areas of your life. Suggested issues might include family, relationships, hobbies, spiritual needs, exercise, health, or any other matter.

#### ESSAY TWO

Why do you wish to pursue a graduate degree at this time and how do you hope your studies will help you in pursuing your career?

### INTERVIEW

Candidates may be interviewed either in person or via the telephone, depending upon the circumstances.