

Professional History

Please list all relevant professional work experiences, beginning with the most recent (you may attach resume).

Employer	City, State	Position/Title	Dates of Employment

References

Please list two references (Master's applicants) three references (Doctoral applicants) who will write Letters of Recommendation that document your qualifications.

Name: _____ Title: _____

Address: _____ Phone: (____) _____

Name: _____ Title: _____

Address: _____ Phone: (____) _____

Name: _____ Title: _____

Address: _____ Phone: (____) _____

Personal Statement/Writing Sample

Master's Applicants

On separate sheet of paper, please provide a personal statement/self-assessment which covers:

- An assessment of your strengths and areas for development as they relate to your selected field of study;
- Your educational objectives and career goals and how they relate to your area of study. For example – What is it that attracted you to the program? Use specific examples where possible.
- Applicants to **Counseling Psychology** and **Forensic Psychology and Counseling** programs must provide examples of relevant experiences. Look back over your personal and professional life and provide examples of instances in which you demonstrated the ability to assist someone with a problem or were able to provide support to others.

Doctoral Applicants

- Ed. D. – Provide a writing sample as evidenced by a professional or academic document or publication.
- Psy. D. – Submit a statement of professional goals: 3-6 pages, double spaced, detailing the applicant's professional goals and including an autobiographical statement regarding the applicant's motivation for pursuing those goals.

Optional Information

Ethnic Background

1. Are you Hispanic or Latino? Yes No
2. Please select one or more of the following races: American Indian or Alaska Native White Native Hawaiian or Other Pacific Islander Black or African American Asian

Religious Preference (if any): _____

Applicant's Certification

I certify that the information I have given is true to the best of my knowledge.

Signature of Applicant _____ Date _____

The College of Saint Elizabeth does not discriminate on the basis of sex, physical handicap, race, age, color and national, or ethnic origin, in the administration of its admissions, educational policies, scholarship and loan programs, or other college policies including employment.

The College of Saint Elizabeth has filed compliance with The Department of Health, Education, and Welfare under Title VI-Civil Rights Act of 1964; Title IX, Education Amendment of 1972 and Section 504 of the Rehabilitation Act of 1973, as amended.



COLLEGE of SAINT ELIZABETH
Learn today, lead tomorrow.

Graduate Programs Application for Admission

Please indicate your program of interest and specialization (if applicable):

Doctoral Programs:

- Counseling Psychology (Psy. D.)
- Educational Leadership (Ed. D.)

Master's Degrees:

- Counseling Psychology, M.A.
 - Counseling Psychology (30 Credits)
 - Mental Health Counseling (60 Credits)
 - School Counseling (48 Credits)
- Education, M.A.
 - Teacher of Students with Disabilities
- Educational Leadership, M.A.
- Health Administration, M.S.
- Justice Administration and Public Service, M.A.
- Management, M.S.
 - Human Resources Management
 - Organizational Change Management
- Nursing, M.S.
 - Bridge (RN with Non-BSN Undergrad)
- Nutrition, M.S.
- Theology, M.A.

Certificates:

- Assistive Technology
- Catholic Studies
- Holocaust/Genocide Education
- Online Teaching in 21st Century
- Pastoral Care
- Social Media Management
- Spirituality
- Sports Nutrition and Wellness

Professional Certification and Licensure Preparation:

- Accelerated Certification for Teaching
 - K-6 grade (ACT 1)
 - K-12 grade (ACT 1)
 - Specify subject _____
 - Teacher of Students with Disabilities (ACT 2)
- Middle School Science
 - _____
- Visiting Student

How did you learn about the College of Saint Elizabeth? (please be specific, if applicable)

- Current CSE student College Website I am a CSE Alumna/us Open House
- Direct Mail Piece: _____ College Fair: _____
- Magazine: _____ Outdoor Advertisement Location: _____
- Online: _____ Radio Advertisement/Station: _____
- Newspaper Advertisement: _____ Other: _____

Applicants for the Graduate Programs must submit the following:

- Completed application form (All Documentation is due within 30 days of application submission.)
- Personal statement (Master's); writing sample (Ed. D.); statement of professional goals (Psy. D.)
- Letters of Recommendation:
 - Master's applicants:** two letters of recommendation from individuals familiar with your educational background.
 - Doctoral applicants:** Ed. D. – three letters, one from a professor attesting to academic performance and two attesting to professional competency.
Psy. D. – three letters, at least one from a professor attesting to academic capabilities and at least one from a practitioner attesting to professional capacity.
- Official transcripts from all previously attended institutions, both graduate and undergraduate. *Please do NOT send international transcripts – a World Education Services (www.wes.org) course by course evaluation is required in this case.* All students who submit a WES evaluation must also submit their Test of English as a Foreign Language (TOEFL) scores, taken within the past two years.
- Applicants for the M.A. in Educational Leadership, M.A. in Education, and ACT 2 must also submit a Valid Teacher's Certificate.
- All students applying for all ACT 1 programs must also submit results of appropriate Praxis II exam or registration confirmation for an upcoming exam.
- Background check required for dietetic internship, health care management, and nursing programs
- All students applying for graduate programs must also submit a professional resume, or curriculum vitae.
- All students applying for Psy. D. must submit GRE scores.
- \$35 Non-refundable application fee. (Fee waived for online applicants.)

For information on campus security and crime statistics, access www.cse.edu/clery

For additional information:

Contact a Graduate Admission Counselor
 Call: 1-800-210-7900
 Email: grad@cse.edu
 Visit: www.cse.edu

Please return all application materials to:

College of Saint Elizabeth
 Office of Admission, Santa Rita Hall
 2 Convent Road
 Morristown, NJ 07960-6989



2 Convent Road
 Morristown, NJ 07960-6989



Graduate Programs Application for Admission

Personal Information

Name: _____
Last First Middle Former Last Name

Mailing Address: _____
Number Street Apt.

_____ City State Zip

SS# _____ County _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Email Address _____ Gender: Male _____ Female _____

Date of Birth: ____/____/____ Country of Birth: _____

Citizenship: U.S. Citizen Other _____

Permanent Resident
 Alien Number _____ Date of Issue _____

Do you require a student visa? Yes No Visa Type _____ Visa Number _____

Are you a veteran? Yes No

Entry Information

Date of intended enrollment: Fall Spring Summer 1 Summer 2 Summer 3
 Intersession Calendar Year: _____

This application is for: Matriculated status (to earn a Graduate degree) Non-matriculated status (certificate, visiting, special)

Have you ever applied to the College of Saint Elizabeth? Yes No If yes, did you attend? Yes No

Academic Information

Please list, in chronological order, **ALL** the names of post-secondary colleges and universities you have attended, the dates of attendance, and the diplomas, degrees, or certificates received.

Institution	City, State	Dates of Attendance	Diploma/Degree	Date Conferred