APPLICATION FOR ADMISSION

APPLICANT’S NAME _____________________________________________

PERMANENT ADDRESS _____________________________________________

IDENTIFICATION:   DOB ______/______/______   STUDENT ID# ____________

BEST METHOD OF CONTACT:

During School

e-mail_________________________________________

phone  ________________________________________

During Vacations

e-mail_________________________________________

phone  ________________________________________

CAMPUS

○ Rockland  ○ Manhattan

MAJOR

○ Adolescence Education (7th-12th):  ○ English  ○ Mathematics  ○ Social Studies

○ Childhood Education (1st-6th)

○ Early Childhood Education (Birth-2nd)

○ Early Childhood--Childhood Education (Birth-6th)

○ Music Education (K-12th)

COURSEWORK

Please indicate when you completed, or plan to take, the following courses:

<table>
<thead>
<tr>
<th>Semester &amp; Year</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foundations of Education (with 1st Year Field Experience)</td>
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<tr>
<td></td>
<td>Development &amp; Learning Theory</td>
</tr>
<tr>
<td></td>
<td>Teaching &amp; Learning Strategies (with 2nd Year Field Experience)</td>
</tr>
<tr>
<td></td>
<td>Methods Courses: Fall Semester (with 3rd Year Field Experience)</td>
</tr>
<tr>
<td></td>
<td>Methods Courses: Spring Sem. (with 3rd Year Field Experience)</td>
</tr>
<tr>
<td></td>
<td>Student Teaching</td>
</tr>
</tbody>
</table>

ADMISSION REQUIREMENTS

Please indicate attainment of each:

○ 30 Hours of Community Service to Students*

○ Appropriate Cumulative GPA** __________

○ Appropriate Education GPA** __________

○ Appropriate Concentration GPA** __________

○ Appropriate Dispositions (80%)***

○ Passing score on basic NY certification exam

I understand that I may not be admitted into my intended major's professional junior-level courses until I have met all of the requirements for acceptance to teacher education in the Nyack College School of Education (community service, tests, dispositions, and GPAs). I also understand that I am responsible to arrange all of my transportation for field experiences and student teaching.

SIGNATURE ___________________________ DATE __________

*formerly known as 30 Hours of Independent Field Experience

**varies by catalog year – prior to 2011 and Music Education: Cum 2.5 / Edu 2.75 / Conc 2.75; 2011-12: Cum 2.75 / Edu 3.0 / Conc 2.75; 2013-14: Cum 3.0 / Edu 3.0 / Conc 3.0

***as determined by joint meeting of the faculty on the Undergraduate Assessment of Dispositions rubric

WRITING SAMPLE

In your best handwriting, write an autobiographical sketch that includes the following about yourself:

• Your experience with groups of children/youth (indicate age levels);

• Your view of yourself regarding personality, goals, and mission in life; and,

• Your opinions of the profession of education, including its strengths, weaknesses, and the contribution you feel you can make to it.

Please make sure the edges of your essay's lined paper are neat, then staple your document to this application.

OFFICE USE ONLY

Department Chair Signature: ___________________________ Date: __________

Nyack College School of Education
1 South Blvd., Nyack, NY 10960
845-675-4539

SERVICE ACADEMICS LEADERSHIP TEACHING

-3rd-

212-625-0500, ext. 6128