MANHATTAN COLLEGE

SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES

Application Packet for Graduate Admission

3840 Corlear Ave Suite 204 Riverdale, New York 10471

Phone: (718) 862-8461 Fax: (718) 862-8049 E-Mail: SCPS@manhattan.edu

Directions for completing application for graduate study in the School of Continuing and Professional Studies

This packet includes all of the forms that you will need to apply for a graduate program in the School of Continuing and Professional Studies at Manhattan College

Application form. Complete the information requested and sign

Non-refundable application fee. Please include a \$60 check payable to Manhattan College

Transcripts. Request official transcripts, listing the college and university courses and grades, from the registrar of the institution(s) from which you graduated. The transcripts should be sent in a sealed envelope directly to you. Include them UNOPENED in the packet that you send to Manhattan College. If your transcripts are in another name, please have the registrar make note of your current name on the transcript. Graduates of Manhattan College should request the Office of the Registrar to forward a transcript to the School of Continuing and Professional Studies.

Evaluator forms. You need to provide recommendations from two sources [one (1) academic and one (1) professional] using the evaluator forms provided in this application. Please fill in your name on the front of the recommendation forms and forward a recommendation form to each evaluator. These forms must be sent directly to the School of Continuing and Professional Studies or given to you in a sealed envelope for your submission.

Letter of intent. Include a one-or two-page letter, on the enclosed form, describing your professional and career goals and how you expect a graduate degree from Manhattan College will help you in attaining those goals.

Your current resume. Please note the length of time in your current position and the number of people you supervise (if applicable). This information will be used only to help profile our student body and will be kept in the strictest confidence.

Eligibility for admission

Students who meet the eligibility requirements will be considered for matriculation into the MS in Organizational Leadership degree program. To enter the program, students must meet the following admissions standards:

- 1. A bachelor's degree from a regionally accredited institution of higher learning
- 2. Generally, a minimum cumulative GPA of 2.75 for courses taken in achieving that bachelor's degree is required, but other factors, such as work experience and GPA on most recently taken courses will be considered.
- 3. Work experience of at least 3 years
- 4. Demonstrated potential for study of Organizational Leadership at the graduate level.

All materials should be sent to the School of Continuing and Professional Studies at the address listed on the front cover page. Applications are reviewed once all of the required materials have been received. You will be notified when your application has reached the School of Continuing and Professional Studies and which materials, if any, are outstanding.

Questions may be directed to: scps@manhattan.edu

Non-Discrimination Policy

Manhattan College has had a longstanding policy of non-discrimination. The college repudiates all discriminatory procedures and specifically those based on race, color, religion, national origin, age, sex, disability or any other protected status. The College does not knowingly support or patronize any organization or business that discriminates. No person shall be denied admission or access to the programs or activities of Manhattan College, nor shall any person be denied employment at the College, solely because of any physical, mental or medical impairment within reasonable accommodations. Inquiries concerning this policy may be referred to Human Resources. The Title IX and Age Act Coordinator is located within the Office of Human Resources, Memorial Hall Rm 305, (718) 862-7398. The ADA/Section 504 Coordinator is located within the Specialized Resource Center, Miguel Hall Rm 300A, Voice (718) 862-7101, TDD (718) 862-7885. The Specialized Resource Center (SRC) serves all students with special needs and is also a resource for the College at large. A sampling of auxiliary aids and/or academic adjustments offered by the SRC for students providing appropriate documentation based on their individual needs for no fee include: Priority registration, priority seating, alternative testing environments, readers, note takers and scribes, access to adaptive technology, books on tape, and liaison with faculty and other college departments.

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APPLICATION FOR ADMISSION-MS in Organizational Leadership Program

Selected Enrollment Dates (please choose one):

ed)		Male I	Female
		Male I	Female
	(first)	(mide	dle)
ds may be listed			
	(number and street)	(apartment #)	
	State	Zip	
(state)	(zip code)	(country)	
	E-mail		
	Employer		
	Country of citizenship		
U.S. citizen: Ty	pe of visa		_
Permane	nt resident identification num	ber	
ted States, how le	ong have you lived in the U.S	,?years	
of a crime other t	han a minor traffic violation?	YesNo	
			en?
Lo	cation	Dates attended	Degree awarded
	(state) U.S. citizen: Typermane ted States, how loof a crime other ted states a graduate programment of the control of the co	(first) ds may be listed	(first) (mide and street) (apartment #) State Zip

Educational Institutions Attende	(continued)				
High School Diploma	OR	GED (date:)		
High School Name		Address			
Year of graduation:					
Employment Experience Please attach a copy of your resume.					
Current employer		Title			
Address		Phone			
Dates from / to _	/	May we contact you at we	ork?	_Yes	No
Military Service					
Branch of Service	Rank	Dates from	/	_ to	<u>/</u>
Optional Information Your response to the following questions		onsideration of vour application: h			
would be helpful to Manhattan College fo the basis of race, color, sex, religion or de	or research purposes.				
How would you describe yourself? (Che	eck one)				
American Indian or Alaskan Native	Asi	an American	_	Pacific Is	slander
Black/non-Hispanic	Hispanic	White/non-Hispanic		Other	
I certify that the information provided this application is active, I will inform of any changes in the facts indicated in this application may be grounds for de to abide by the rules and regulations of I also guarantee the payment of all fina	the office of graduat n this application. I mial, or if I am accep f Manhattan College.	te admissions in the School of Co understand that falsifications, n oted, for suspension or dismissal	ontinuing an nisrepresent	nd Professi tations or o	onal Studies omissions or
Applicant's signature		Date:		_	

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EVALUATOR FORM

Team Building

Ethical Standards Global Understanding Diversity Awareness

Name of applicant _____

Program applying for		Last			First			MI	
APPLICANT- Please complete the information above. Read the statement below, and if you choose, sign where indicated. The Family Education Rights and Privacy Act of 1974 entitles you to have access to letters of evaluation in our permanent record file. The applicant may waive this right to access to letters of evaluation, in which case letters of evaluations will be considered confidential and will not be available to the student. If you wish to waive your right to access to this letter of evaluation, please sign your name on the line below the following statement. I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in the letter of recommendation. I agree that the observation made in this letter of recommendation should be confidential between the writer and the various agencies or organizations to whom my credential file may be addressed. Applicant Signature Date EVALUATOR Please complete the information requested on this form. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential if the applicant has signed the statement above. Please enclose this form in a sealed envelope and address it Manhattan College at the address shown above. Please evaluate the candidate as best and a s fully as you can in each of the categories below by placing an "X" or a check mark in the appropriate box beneath the scale at the top. How long and in what capacity have you know the applicant? Competency Below Average (Iower than 40%)	Name of Evaluate	or							
The Family Education Rights and Privacy Act of 1974 entitles you to have access to letters of evaluation in our permanent record file. The applicant may waive this right to access to letters of evaluation, in which case letters of evaluations will be considered confidential and will not be available to the student. If you wish to waive your right to access to this letter of evaluation, please sign your name on the line below the following statement. I. the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in the letter of recommendation. I agree that the observation made in this letter of recommendation should be confidential between the writer and the various agencies or organizations to whom my credential file may be addressed. **Polate** **EVALUATOR** Please complete the information requested on this form. If you need to use additional sheets of paper, please staple them to this form in a sealed envelope and address it Manhattan College at the address shown above. Please enclose this form in a sealed envelope and address it Manhattan College at the address shown above. Please evaluate the candidate as best and a s fully as you can in each of the categories below by placing an "X" or a check mark in the appropriate box beneath the scale at the top. **How long and in what capacity have you know the applicant?** **Competency** **Below** Average** (I.Ower** than 40%) Average** (I.Ower** than 40%)	Program applying	g for							
The applicant may waive this right to access to letters of evaluation, in which case letters of evaluations will be considered confidential and will not be available to the student. If you wish to waive your right to access to this letter of evaluation, please sign your name on the line below the following statement. I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in the letter of recommendation. I agree that the observation made in this letter of recommendation should be confidential between the writer and the various agencies or organizations to whom my credential file may be addressed. Applicant Signature Date EVALUATOR Please complete the information requested on this form. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential if the applicant has signed the statement above. Please enclose this form in a sealed envelope and address it Manhattan College at the address shown above. Please evaluate the candidate as best and a s fully as you can in each of the categories below by placing an "X" or a check mark in the appropriate box beneath the scale at the top. How long and in what capacity have you know the applicant? Competency Below Average (10-60%) Average (60-75%) Above (75-90%) (90-95%) Outstanding Pruty Exceptional (100%) Not Deserved (100%) Not Communication Skills Communication Skills Analysis	APPLICANT- P	Please complete	the informati	on above. Rea	ad the statemen	t below, and if	you choose, sign	n where indicat	ed.
comments appearing in the letter of recommendation. I agree that the observation made in this letter of recommendation should be confidential between the writer and the various agencies or organizations to whom my credential file may be addressed. Applicant Signature	The applicant m confidential and	nay waive this will not be ava	right to acco	ess to letters student. If you	of evaluation,	in which cas	e letters of eva	luations will b	e considered
EVALUATOR Please complete the information requested on this form. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential if the applicant has signed the statement above. Please enclose this form in a sealed envelope and address it Manhattan College at the address shown above. Please evaluate the candidate as best and a s fully as you can in each of the categories below by placing an "X" or a check mark in the appropriate box beneath the scale at the top. How long and in what capacity have you know the applicant? Competency Below Average (40-60%) Average (60-75%) Average (60-75%) Fully Average (75-90%) (90-95%) Please evaluate the candidate as best and a s fully as you can in each of the categories below by placing an "X" or a check mark in the appropriate box beneath the scale at the top. Truly Observed (100%) Interpersonal Skills Communication Skills Analysis Strategic	comments appear	ring in the lett	er of recomme	endation. I ag	ree that the ob	servation mad	'e in this letter o	f recommendat	
Please complete the information requested on this form. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential if the applicant has signed the statement above. Please enclose this form in a sealed envelope and address it Manhattan College at the address shown above. Please evaluate the candidate as best and a s fully as you can in each of the categories below by placing an "X" or a check mark in the appropriate box beneath the scale at the top. How long and in what capacity have you know the applicant? Competency Below Average (40-60%) Average (60-75%) Average (60-75%) Interpersonal Skills Communication Skills Analysis Strategic	Applicant Signati	ure					Date		
Average (Lower than 40%)	Please complete a Your comments sealed envelope a Please evaluate thappropriate box be	will be held co and address it M he candidate as beneath the sca	ompletely con Manhattan Col best and a s f le at the top.	fidential if the lege at the add ully as you car	applicant has ress shown abo	signed the state ove. categories belo	tement above. I	Please enclose	this form in a
Skills Communication Skills Analysis Strategic	Competency	Average (Lower		Average				Exceptional	
Communication Skills Analysis Strategic									
Analysis Strategic	Communication								
Strategic									
Planning	Strategic								
Leadership	Planning								

Dverall Evaluation (please check one) Highest Recommendation Recommend Recommended Enthusiastically Do not Recommend Sivaluator's Printed Name: Signature: Date:	Evaluator's Narrative Statement (Print or Type)		
Highest Recommendation Recommend Do not Recommend Avaluator's Printed Name: Evaluator's Signature: Date:	Please include a brief narrative that includes information that you feel would be of value to attach additional sheets if necessary.	in considering this candidate.	Please feel free
Highest Recommendation Recommend Do not Recommend Avaluator's Printed Name: Evaluator's Signature: Date:			
Highest Recommendation Recommended Enthusiastically Do not Recommend Evaluator's Printed Name: Evaluator's Signature: Date:			
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Recommended Enthusiastically Do not Recommend Evaluator's Printed Name: Evaluator's Signature: Date: Address:	Overall Evaluation (please check one)		
Evaluator's Printed Name: Evaluator's Signature: Date: Address:	Highest Recommendation		
Address: Date:	Recommended Enthusiastically	_ Do not Recommend	
Address:	Evaluator's Printed Name:		
	Evaluator's Signature:	Date:	
	Address:		

Please return this form to the address above.

Phone:

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EVALUATOR FORM

Name of applica	antLast			First			MI	
Name of Evalua	itor							
Program applying	ng for							
APPLICANT-	Please complete	e the informati	ion above. Rea	ad the statemen	nt below, and if	you choose, sign	n where indicat	ed.
The applicant	may waive this I will not be ava	right to acc	ess to letters student. If you	of evaluation	, in which cas	rs of evaluation se letters of eva access to this let	uluations will b	oe considered
comments appear	aring in the lett	er of recomme	endation. I ag	ree that the o	bservation mad	380 to inspect of le in this letter of edential file may	f recommendat	
Applicant Signa	ture					Date		
Your comments sealed envelope	e the information s will be held co and address it N the candidate as	ompletely con Manhattan Col s best and a s f	fidential if the llege at the add	applicant has lress shown ab	signed the sta ove.	eets of paper, plotement above. I	Please enclose	this form in a
How long and in	n what capacity	have you know	w the applicant	t?				
Competency	Below Average (Lower than 40%)	Average (40-60%)	Above Average (60-75%)	Good (75-90%)	Excellent (90-95%)	Outstanding (95-100%)	Truly Exceptional (100%)	Not Observed
Interpersonal Skills								

Skills				
Skills Communication Skills	Interpersonal			
Communication Skills Applyois	Skills			
	Communication			
Analysis	Skills			
Alialysis	Analysis			
Strategic	Strategic			
Planning	Planning			
Leadership				
Team Building Team Building	Team Building			
Ethical Ethical	Ethical			
Standards	Standards			
Global				
Understanding	Understanding			
Diversity	Diversity			
Awareness				
		·		

Evaluator's Narrative Statement (Print or Type)	
Please include a brief narrative that includes information that you feel would be of value in considering this candidate.	Please feel free
to attach additional sheets if necessary.	

rall Evaluation (please check one)	
Highest Recommendation Recommended Enthusiastically	Recommend Do not recommend
aluator's Printed Name:	
aluator's Signature:	Date:
dress:	
one:	
ase return this form to the address above.	

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Student Name:	
Letter of Intent (print or type) Use this form or attach a separate document to describe your professional Studies (Manhattan College's School of Continuing and Professional Studies) sheets of paper, if necessary.	essional career goals and how you expect a graduate degree from es will assist you in the attainment of these goals. Use additiona
Signature	Date

Please return this form to the address above.