

Graduate Admissions Check List

- Complete Application Form
- \$50 Application Fee
- Official Undergraduate Transcripts
- Health Form
- Resume
- Letter of Recommendation I
- Letter of Recommendation II
- Personal Statement
- Essay (Nursing Exempt)
- Nursing Only: Copy of nursing registration/license number

We look forward to receiving your application materials. Please feel free to contact the Center for Professional Studies should you need clarification on the application process.

Mail completed packet to:

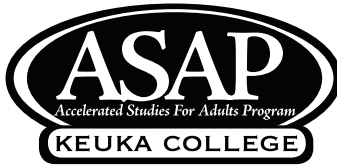
Keuka College
Center for Professional Studies
1 Keuka Business Park
Penn Yan, N.Y. 14527

Telephone: (315) 279-5406 or 1-866-255-3852 (toll free)

Fax: (315) 279-5407

E-mail: adlearn@keuka.edu

www.keuka.edu/asap



APPLICATION FOR ADMISSION
MASTER OF SCIENCE

- MANAGEMENT
CRIMINAL JUSTICE ADMINISTRATION
NURSING WITH A CONCENTRATION IN EDUCATION

Please complete the following application. Sign and date the application, and return it together with your non-refundable \$50 application fee. Please make your check payable to Keuka College. Request official transcripts of all colleges or universities you have attended using the enclosed Transcript Request Form(s).

Preferred Location of Study:

Applicant's Full Legal Name: Preferred Title: Mr. Mrs. Miss Ms.

Last First Middle Former Last Name (if any)

Preferred First Name:

If Married, Spouse's Legal Name:

Last First Middle

Social Security Number: Date of Birth: Sex: Marital Status:
M F Single Married
Divorced Widow

Are you a U.S. Veteran? Veteran Type: Veteran Benefit you are eligible to receive:
No Yes

Permanent Address:

Residential Street Address Apt. # City State Zip Code

Mailing Address, if different from address above:

Street Address/P.O. Box # Apt. # City State Zip Code

Employer:

Business/Organization Name Complete Work Address: Street, City, State, Zip Code

Telephone Numbers:

Phone at Permanent Address, Including Area Code

Phone at Mailing Address, or Cellular Phone (please circle one)

Primary Contact Number at Work; and Extension Number

Additional Work Phone Number

E-Mail Address:

Home e-mail

Work e-mail

Educational Background:

You must submit official transcripts from all colleges or universities previously attended. A form is enclosed to request transcripts. The Transcript Request Form may be duplicated, as needed.

List of previous colleges attended:

College / University Name	City / State	Dates Attended	Degree Earned
_____ College / University Name	_____ City / State	_____ Dates Attended	_____ Degree Earned
_____ College / University Name	_____ City / State	_____ Dates Attended	_____ Degree Earned
_____ College / University Name	_____ City / State	_____ Dates Attended	_____ Degree Earned

If you have previously attended Keuka College, your transcript will be obtained through the registrar's office upon receipt of your application.

Letters of Recommendation Enclosed:

Name	Address	Telephone	Title/Position
_____ Name	_____ Address	_____ Telephone	_____ Title/Position

Ethnicity (optional, for reporting purposes only):

- American Indian or Alaskan Native White/Non-Hispanic
- Asian or Pacific Islander Hispanic
- Black/Non-Hispanic Non-resident alien

International Students Only: (International students must respond to questions 1-3 in this section)

1. New York State Transcript Evaluation (check one):

- Copy enclosed
- In process at the NYS Education Department

2. Type of Visa _____

3. TOEFL Score (include copy of score report): _____

A Certificate of Visa Eligibility (form I-20-B) is issued by the College after the student has submitted proof of his/her eligibility to meet all education and living expenses for the entire period. The student must provide this proof by including a completed Keuka College Declaration of Finances form when submitting the Application for Graduate Study. Please contact The Center for Professional Studies to obtain the Declaration of Finances form.

Current Resume:

Please enclose a current resume with this application form.

Personal Statement & Essay:

Content and writing style will be assessed.

- A) Please make a brief, approximately 200-word, statement of your reasons for undertaking this particular program and your future academic and professional plans.

- B) Prepare an essay, approximately 1,000 words, on the following topic: "Describe a workplace-related problem you have faced during the past five years. Describe the nature of the problem, the steps taken to address the problem and the subsequent outcome." **(Nursing Exempt)**

Specific to Master of Science in Nursing:

- A) Upon consideration by the Nursing Faculty Admissions Committee, you will be required to attend Keuka College for a personal interview and an on-site writing sample.

- B) Copy of nursing registration and license number is required with application packet.

Please Read Carefully and Sign Below:

- 1.) Will you grant the College permission to use your photograph and name in College literature, on the College Web site, and for public relations purposes?
 - Yes
 - No

- 2.) Have you ever been convicted of a crime (felony or misdemeanor) in any state, the disposition of which was other than an acquittal or dismissal?
 - Yes (If yes, enclose a written explanation)
 - No

- 3.) Have you ever been dismissed from an institution of higher learning for academic reasons?
 - Yes (If yes, enclose a written explanation)
 - No

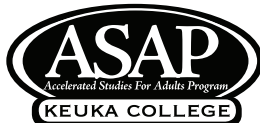
- 4.) Have you ever been dismissed from an institution of higher learning for disciplinary reasons?
 - Yes (If yes, enclose a written explanation)
 - No

To the best of my knowledge, the information I have given in this application is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or suspension from the institution. By signing this application, I agree to abide by the policies and regulation of the institution.

Applicant's Signature

Date





OFFICIAL TRANSCRIPT REQUEST FORM

Please send this form to each college or university you have previously attended. Do not return this form to Keuka College for processing. Write clearly. Duplicate this form if you attended more than one institution.

NOTE: Your previous college or university may charge you a fee for the transcript request. To avoid delays, please contact the college/university to inquire about the appropriate fee to enclose with this transcript request form.

Name: _____

Address: _____

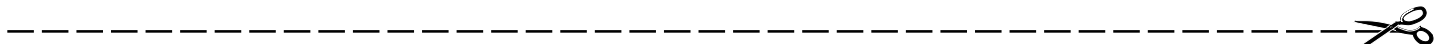
Name While Attending: _____

Social Security Number _____ Period of Time Attended: _____

By signing the bottom of this form, I authorize the release and mailing of my official transcript directly to Keuka College at the address below:

Center for Professional Studies
1 Keuka Business Park, Penn Yan, N.Y. 14527

Student's Signature: _____



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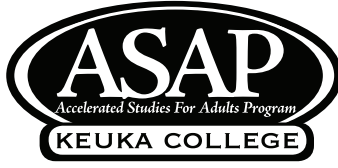
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Letter of Recommendation for Graduate Study

NOTICE: PUBLIC LAW 93-380, the Family Educational Rights and Privacy Act of 1974 as amended gives students the right of access to letters of recommendation written after January 1, 1975 and kept in a placement file in their name.

Applicant's Name: _____

The applicant requests that you complete and return this form by (date): _____

Recommended by (please print): _____

Title: _____

Signature: _____ Phone: _____

Important Guidelines for the Writer of this Recommendation:

The applicant named above has selected you as a reference. Your report will be helpful in assisting the Graduate Admission Committee in determining whether or not the applicant should be admitted for graduate study. Criteria for evaluation include: scholarship, demeanor, oral and written communication skills, work habits, judgment, self-confidence, organizational and decisionmaking skills, leadership potential, commitment to their profession and the ability to successfully complete a graduate program. Please do not return this form to Keuka College. Completed forms should be returned to the applicant in a sealed envelope by the date s/he has requested.

1. Graduate coursework at Keuka College requires significant work experience of applicants. Please provide an overview of applicant's job description and principle duties.

2. Describe qualities you admire most about the applicant.

(Over)

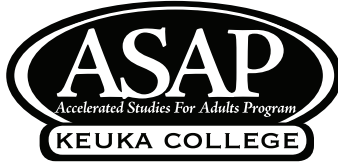
3. What skills do you think the applicant could improve upon?

Please rate the applicant's ability to:

	WEAK				STRONG
Function as a member of a team	1	2	3	4	5
Problem solve	1	2	3	4	5
Execute assigned responsibilities	1	2	3	4	5
Work under stress	1	2	3	4	5
Express him/herself verbally	1	2	3	4	5
Express him/herself in writing	1	2	3	4	5
Readily apply learned material	1	2	3	4	5
Exercise sound judgment	1	2	3	4	5
Serve as a leader	1	2	3	4	5

Include any additional comments, if applicable.

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Serve as a leader	1	2	3	4	5

Include any additional comments, if applicable.

Mail to: Keuka College
Center for Professional Studies
1 Keuka Business Park
Penn Yan, N.Y. 14527



Dear Incoming Adult, Graduate or Part-time Student:

Enclosed is the short health and counseling form. This form must be in, completed and cleared through Student Health and Counseling Services **before** you can register and/or attend any classes. **If this is not done, you will not be able to register.** Deadlines are two weeks prior to your registration date. It is your responsibility to make sure that your short health form is complete and cleared. Please call Health and Counseling Services to confirm your health form/registration clearance. **Please let us know if you have previously attended Keuka College**, what year you left, and if your name has changed to help expedite your health form **completion**. Once your short health and counseling form is in and cleared, your continuous enrollment at Keuka College keeps it valid.

Completing this form allows you to attend classes and to use Student Counseling Services. However, in order to receive care in Student Health Services, you must first fill out the long form, which includes your medical history, a more detailed immunization record and a physical. The complete form may be obtained from Student Health Services or from the Keuka Web site (*www.keuka.edu*).

The Student Health Center staff includes a full-time director/nurse practitioner and a part-time physician. Appointments are recommended, since there are only specific times when health care professionals are available to evaluate a student's symptoms. Students who call or walk into Student Health Services for non-emergency reasons will be seen as soon as an appointment is available.

Student Health Services provides assessment, diagnosis, treatment, and referrals for acute health concerns such as upper respiratory infections, gastrointestinal distress, urinary infections, and muscle strains and sprains, etc. Other services include T.B. testing, Tetanus/Diphtheria, Meningitis and Hepatitis B immunizations, allergy injections, strep throat screening, and urine testing for infection. Physicals, clearance for sports, counseling for health-related conditions, and health education are also available. Students may be referred to a specialist if needs exceed what the Student Health Center is able to provide on campus. Professional services are free. A small fee is charged for physicals, injections, medications, and loan of equipment when necessary.

If you have any questions concerning the above services or your health and counseling form, please contact Keuka College Health and Counseling Services, Harrington Hall, Keuka Park, N.Y. 14478. Phone (315) 279-5368, fax (315) 279-5359 or e-mail Holly Bunn at *hbunn@keuka.edu*.

We appreciate your cooperation in completing the attached health form.

Keuka College Student Health and Counseling Services

Harrington Hall, Keuka Park, N.Y. 14478
Phone: (315) 279-5368 Fax: (315) 279-5359

Name _____
Last Name
First Name
Middle

Address _____
Street
City
State
Zip

Home phone: _____ Work phone: _____ Cell phone: _____

Date of Birth ___/___/___ Sex: ___M ___F

Have you previously attended Keuka College? ___Y ___N What year did you stop attending? 19___ / 20___

Has your name changed? If so, what name were you enrolled under? _____

Emergency Contact:

Name _____
Last Name
First Name
Middle

Address _____
Street
City
State
Zip

Home phone: _____ Work Phone: _____ Relationship: _____

IMMUNIZATION RECORD: Immunization record to be filled out and signed by a health care provider not a parent. All students born on or after January 1, 1957 **must** include documented proof of immunity to measles, mumps, and rubella as required by New York State Public Health Law 2165. Immunization records may also be accepted from previous high schools, colleges, the military or other official sources. ***Students who are not compliant will be suspended from Keuka College 30 days after classes start and will be reinstated only when proper documentation has been received at Health and Counseling Services. A re-enrollment fee of \$ 250 will be added to your student bill. If the State reviews our files and finds that a student is not compliant, the College is fined. This fine of approximately \$2,000 is added to the student's bill.***

Disease	Vaccination Type #1	Vaccination Type #2	OR Serology	OR MD Diagnosis of Disease
Measles (Rubeola) - 2 doses or MMR				
Mumps - 1 dose	N/A			
German Measles (Rubella)	N/A			N/A

Health Provider Signature _____ Date ___/___/___

Printed Name _____ Phone: (____) _____ Fax: (____) _____

Address _____ City _____ State _____ Zip _____

Student: Please sign below. ASAP, part-time, and graduate students are required to complete the above short form in order to attend classes. However, to receive care at Health Services, a medical history and physical form must first be filled out. These forms may be obtained from Health and Counseling Services or at www.keuka.edu should the student wish to receive care on campus.

Student Signature

Date

Meningitis Response Form must also be complete. Nursing applicants, please see other side.

Keuka College Student Health and Counseling Services

Nursing Applicants Only

Disease	Vaccination Type #1	Vaccination Type #1	OR Serology	OR MD Diagnosis of Disease
Tdap/Td (Tetanus) - Most recent dose within 10 years				
VARICELLA				
HEPATITIS B	#1 #2 #3			
PPD	Date Read Results			

Health Provider Signature _____ Date ____/____/____

Printed Name _____ Phone: (____) _____ Fax:

(____) _____

Address _____ City _____ State _____ Zip _____



Student Health Services

Meningitis on Campus

Know Your Risk - Learn About Vaccination

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis.

In fact, freshmen living in dorms are found to have a six-fold increased risk for the disease. A U.S. health advisory panel recommends that college students, particularly freshmen living in dorms, learn more about meningitis and vaccination.

- What is meningococcal meningitis?

Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

- How is it spread?

Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing, or sharing items such as utensils, cigarettes and drinking glasses.

- What are the symptoms?

Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy, and confusion.

- Who is at risk?

Certain college students, particularly freshmen who live in dormitories or residence halls, have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease.

- Can meningitis be prevented?

Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo, and the American College Health Association, www.acha.org.

*(If you would like a copy of the above, please contact the
Center for Professional Studies and International Programs at (315) 279-5406.)*

Keuka College Health Services
Meningitis Vaccination Response Form

Due to New York State Public Health Law §2167, Keuka College requires that the following form be completed and returned to: **Keuka College Health Services, Harrington Hall, Keuka Park, N.Y. 14478.**

Check one box and sign below.

I have:

had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date received: _____

[Note: The vaccine's protection lasts for approximately three to five years. Revaccination may be considered within three to five years.]

read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____

Date: _____

Print student's name: _____

Student date of birth: _____ / _____ / _____

Student e-mail address: _____

Student ID#: _____

Student phone number: () _____

Please note: Should you wish to receive the meningococcal meningitis immunization, it is available through Keuka College Student Health Services. Please call (315) 279-5368 to make an appointment.

