



# ROLLINS COLLEGE

## APPLICATION FOR GRADUATE STUDIES ADMISSION

For Office Use Only:

### PLEASE CHECK THE PROGRAM TO WHICH YOU ARE APPLYING:

- Master of Arts in Mental Health Counseling
- Master of Arts in Teaching: Elementary Education
- Master of Human Resources
- Non-Degree Seeking: Elementary Certification
- Master of Liberal Studies
- Master of Education: Elementary Education
- Degree  Non-Degree Seeking Student
- Special Student (check one below):
- Master of Planning in Civic Urbanism
- Teacher Certification (Secondary Field): \_\_\_\_\_
- Recertification: Special Student

Anticipated start term and year (all programs):  Fall  Spring  Summer Year: \_\_\_\_\_

### PLEASE TYPE OR PRINT CLEARLY.

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_  
Last First Middle Maiden Or Other Name

Street or P.O. Box \_\_\_\_\_ Personal E-mail \_\_\_\_\_

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

Preferred Name \_\_\_\_\_ Home Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_

### EDUCATION *(Official transcripts from all colleges and universities attended must be sent to Rollins College.)*

Institution	Major	Dates Attended	Year & Degree Awarded	GPA

**U.S. Citizen:**  Yes  No If no, what nationality? \_\_\_\_\_

**Resident Alien:**  Yes  No If not a resident alien, Visa type: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_

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

Position \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### REFERENCES

Please provide the names and addresses of those sending recommendations on your behalf. Select individuals who know you and can appraise your ability to pursue a graduate degree in this area. Request forms from a program coordinator.

Name	Position	Address

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### How did you *first* hear about us?

- Magazine or Newspaper \_\_\_\_\_  Internet Search \_\_\_\_\_  
 Friend/Relative \_\_\_\_\_  Mailing to My Home \_\_\_\_\_  
 Radio \_\_\_\_\_  Other (*Please explain.*) \_\_\_\_\_  
 Facebook    LinkedIn    or    Twitter    (*Circle one.*)
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### TEST SCORES (Official test scores must be sent to Rollins College.)

Check the catalog requirements of the individual program to ascertain which test is required. Test scores are not required for the Master of Liberal Studies. Most applicants holding a master's degree are exempt from these exams.

**GRE:** Date taken or scheduled \_\_\_\_\_ Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_

**MAT:** Date taken or scheduled \_\_\_\_\_ Raw Score \_\_\_\_\_ Overall percentile \_\_\_\_\_

**GMAT:** Date taken or scheduled \_\_\_\_\_ Total Score \_\_\_\_\_ (MHR only)

#### *Graduate Education or Certification Students Only*

**General Knowledge Test:** Date taken or scheduled \_\_\_\_\_ Math \_\_\_\_\_ Essay \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_

**International Students Only:**                      **TOEFL:** Date taken or scheduled \_\_\_\_\_ Total Score \_\_\_\_\_

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The collection and reporting of racial/ethnic data are mandatory for all institutions that receive, are applicants for, or expect to be applicants for Federal financial assistance as defined in the Department of Education (ED) regulations implementing Title VI of the Civil Rights Act of 1964 (34 CFR 100.13), or defined in any ED regulations implementing Title IX of the Education Amendments of 1972.

Are you Hispanic or Latino?  Yes  No    Please select one or more race categories below.

- American Indian or Alaskan Native                       Asian                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       White

Have you ever been dismissed from a school or college?  No  Yes

*If yes, please attach a separate sheet explaining the circumstances.*

Have you ever been convicted or found guilty or pled nolo contendere of a felony in any jurisdiction, including a military court? OR are you currently charged (are there charges pending) for any felony in any jurisdiction?

No  Yes *If yes, please attach an explanation that includes the date, jurisdiction, offense, and details of the situation.*

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### FINANCIAL AID

Do you plan to apply for a scholarship?  Yes  No    Do you plan to apply for a loan?  Yes  No

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**Please contact the program coordinator for additional application requirements and forms.**

*I, the undersigned, certify that the information furnished in this application is true to the best of my knowledge. I understand that I have an obligation to provide accurate, current, and complete information. I also understand that a consequence of providing false information could lead to the nullification of an offer of admission. (Application is not valid without your signature.)*

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

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**Forward your completed application with a check (payable to Rollins College) for the nonrefundable application fee of \$50 to: Graduate Studies, Rollins College, Hamilton Holt School, 203 E. Lyman Avenue, Winter Park, FL 32789.**

Or, if you wish to pay by VISA or MasterCard, you also must include the following:

VISA     MasterCard                      Expiration Date \_\_\_\_\_    Card No. \_\_\_\_\_

V-Code \_\_\_\_\_ (*Verification code: A 3-digit, non-embossed number found on the card signature line panel after the credit card number.*)

Cardholder's Name (*Please print.*) \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Cardholder's Signature \_\_\_\_\_

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