



## **APPLICATION FOR ADMISSION**

### INSTRUCTIONS

It is the policy of New York College that there shall be no discrimination with respect to educational opportunities offered by the College because of an individual's race, creed, religion, color, national origin, ancestry, age, sex, affectional or sexual orientation, marital status, atypical heredity, cellular or blood trait, pregnancy, childbirth or related medical condition, disability (including AIDS and HIV infection), liability for service in the United States Armed Forces, and any other legally protected status under applicable law.

#### **APPLICATION PROCEDURES**

1. Complete the application and return it to New York College with an \$85.00 non-refundable application fee.
2. Upon receipt of your application and fee, an Admissions Counselor will contact you to set up a time for your interview.
3. The following documents are also required for your application to be complete:

##### Massage Therapy Programs:

- Request an official transcript from any college from which you hold a degree; or any college from which you desire transfer credits.
- Request an official high school transcript or high school equivalency certificate.\*
- New York College allows students who have not graduated from high school to earn their GED while enrolled in the Massage Therapy program by successfully completing 24 credits in six different course categories to meet the New York State GED requirements.

\*Note: Even if you have attended college for credit bearing courses, proof of high school graduation or equivalency is required for the New York State Massage Therapy Licensing Exam.

##### Acupuncture or Oriental Medicine Programs:

- Request an official transcript from all previous colleges attended.

##### Holistic Nursing Program:

- Request an official transcript from the school of nursing attended, and provide a copy of your current RN License, malpractice insurance and CPR Certification.

#### **ENTRANCE REQUIREMENTS**

##### **Massage Therapy Programs**

Applicants for admission must have graduated high school with a minimum GPA of 2.0, or have equivalent qualifications. Students may earn their GED while enrolled in a Massage Therapy degree program by successfully completing 24 credits of specified credit courses in 6 subject areas.

##### **Acupuncture and Oriental Medicine Programs**

Applicants for admission must furnish proof of having completed a minimum of 60 undergraduate semester credits, with a minimum GPA of 2.5, in a college or university program accredited by an agency recognized by the U.S. Secretary of Education.

##### **Holistic Nursing Program**

Applicants to this program must submit the following documentation with the application: Copy of current New York State RN License; proof of malpractice insurance; proof of current CPR certification.

##### **TRANSFER APPLICANTS**

Candidates transferring from other schools must complete application procedures and supply the following documentation:

- Letter of good standing from the previously attended institution(s).
- A short written statement explaining why they wish to transfer to New York College.
- Official transcript(s) for all prior course work and a complete course description.

##### **INTERNATIONAL APPLICANTS**

New York College welcomes applications from international candidates. All applicants who are citizens of foreign countries must complete application procedures and provide the following additional documentation to the College:

- Evaluation and Certified English translation of educational credentials by a recognized educational organization (World Education Services, WES; Global Language Services, etc.).
- An Ability-to-Pay statement.
- Valid visa or alien registration card (unless a permanent resident of the United States). New York College is authorized under Federal law to enroll non-immigrant alien students. An international student who needs to have his/her visa transferred should consult with the Admissions Office.
- International students who transfer from American colleges or universities must have their previous school complete the I-20 Transfer Recommendation Form, and must also furnish copies of all previous universities' I-20s and a copy of their I-94 from their passport.

All applicants whose first language is other than English are required to submit:

- Official score report of TOEFL (Test of English as a Foreign Language) - minimum score preferred is 500 written based.
- Official score equal to or better than the current mean score on the TSE (Test of Spoken English).

All expenses incurred by international candidates during the application process are the responsibility of the candidate.

##### **PHYSICAL EXAMINATION**

All students must submit proof of a physical examination taken **prior to official enrollment** in a New York College program. The exam must show satisfactory health.

##### **IMMUNIZATION REQUIREMENT**

New York State law requires that students born on or after January 1, 1957, who are enrolled for six or more chargeable credits, must be immunized: 2 measles, 1 mumps and 1 rubella. Documentation is required **prior to enrollment**. Additionally, all students enrolled for six or more credits must fill out the Meningitis Vaccination Response Form. They must then provide a record of Meningococcal Meningitis immunization within the past 10 years, or an acknowledgement of the disease risks and refusal of the immunization.

## SECTION A - PERSONAL INFORMATION

Please print or type clearly. Responses to questions preceded by \* are optional (for statistical and reporting purposes only).

1. Prefix:\*     Dr.     Mr.     Mrs.     Ms.     Miss

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Former Last Name (such as maiden name, if applicable) \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Gender:\*     Male     Female

3. Please check the ethnic/racial group with which you most closely identify:\*

White (non-Hispanic)                       Black (non-Hispanic)                       Hispanic  
 Asian or Pacific Islander                       American Indian or native Alaskan                       Other \_\_\_\_\_

4. Marital Status:\*     Married     Single     Divorced     Widowed

5. Veteran:\*     Yes     No

6. U.S. Citizenship Status:     Citizen     Non-Citizen

    Visa Status:     Green Card     F-1

    Do you wish to apply for a Student Visa?     Yes     No

7. Country of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

8. Social Security Number: \_\_\_\_\_

9. Address: \_\_\_\_\_ Apt # \_\_\_\_\_

    City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

    Legal Address (if different from above): \_\_\_\_\_

    City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

10. Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

11. E-mail address: \_\_\_\_\_

12. Have you ever been convicted of a felony or misdemeanor, other than traffic offenses?     Yes     No

    If yes, please describe \_\_\_\_\_

13. Have you previously applied to New York College?     Yes (date) \_\_\_\_\_     No

14. Are you currently employed?     Yes     No     Full-time     Part-time

    Occupation: \_\_\_\_\_

15. Emergency Contact Person: \_\_\_\_\_

    Relationship: \_\_\_\_\_

    Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

**SECTION B - COLLEGE PLANS**

16. A. Applying to Start In: (Mark one only)

January/February \_\_\_\_\_  May/June \_\_\_\_\_  Sept./Oct. \_\_\_\_\_

B.  Full-time (12 credits or more)  Part-time (6-11 credits)  Non-Matriculated (1-5 credits)

C.  Day  Evening  Weekend

17. Applying for enrollment in: (see application instructions for fee and pre-requisite information)

Massage Therapy Program  Advanced Asian Bodywork Program  Acupuncture Program

GED Massage Therapy Program  Oriental Medicine Program  Holistic Nursing Program

18. At what location are you interested in attending:

Syosset, NY

19. Are you interested in information regarding financial aid, veteran's benefits, vocational rehabilitation assistance, or other educational benefits?  Yes  No

**SECTION C - COLLEGE PLANS**

20. List in chronological order (the most recent first) all secondary and higher educational institutions attended. Be sure to include high school information. (Note: Please indicate name under which transcripts are issued if it is different from current name: \_\_\_\_\_)

Institution 1 \_\_\_\_\_

Complete Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Institution 2 \_\_\_\_\_

Complete Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Institution 3 \_\_\_\_\_

Complete Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Institution 4 \_\_\_\_\_

Complete Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Institution 5 \_\_\_\_\_

Complete Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Degree Obtained \_\_\_\_\_

## SECTION D - DECLARATIONS

The times and dates are subject to revision depending on enrollment. Prospective students are advised to file this application and related materials as soon as possible. Classes are limited in size, and enrollment is closed when the class is full.

**Please read the following declaration and sign below. Applications without a signature will not be processed.**

I declare that all statements made in this application are, to the best of my knowledge, true and correct. I understand that if I was born on or after January 1, 1957 and if I enroll for 6 or more chargeable credits, I must provide the College with proof of immunization **prior to enrollment**; 2 measles, 1 mumps and 1 rubella in accordance with New York State law. I also understand that I must submit proof of a physical examination indicating satisfactory health **upon enrollment**. I must fill out the Meningococcal Meningitis Vaccination Form and provide proof of immunization within the last 10 years or acknowledgement of the disease risks and a signed refusal of immunization **prior to enrollment**. My failure to comply with these policies will result in disenrollment from classes without refund of tuition and fees.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

When completed, this application form along with the \$85.00 application fee should be returned to:

New York College of Health Professions  
Office of Admissions  
6801 Jericho Turnpike  
Syosset, NY 11791-4413  
1-800-9-CAREER ext. 351  
[www.nycollege.edu](http://www.nycollege.edu)