



SCHOOL OF EDUCATION

Application Instructions

In addition to the information provided in the general application instructions, please note the following School of Education guidelines:

1. APPLICATION DEADLINES: In order to complete the one-year MAT program, candidates must apply by April 1st. Applicants for the part-time MAT and all other programs in Education are accepted throughout the year.

2. PROGRAM-SPECIFIC INSTRUCTIONS: In addition to completing the General Application forms, the following programs have program-specific application requirements:

SIENA GRADUATES

Collaborative Agreement in Teacher Education applicants:

- a.) Students who have completed the Secondary Education program at Siena only need to submit one letter of recommendation from the director of the Teacher Education program at Siena.
- b.) Students who complete degrees in majors other than Secondary Education at Siena must submit a letter of recommendation from their faculty advisor (see enclosed form). Please give the academic advisor who is preparing the letter of recommendation the enclosed form entitled "The Collaborative Agreement in Teacher Education, Letter of Recommendation Form" and envelope that corresponds to it. Request that the advisor enclose the completed recommendation form in the envelope provided, seal it, and mail the envelope to you. **DO NOT BREAK THE SEAL.** If we receive a letter of recommendation that has been opened, the contents will not be accepted.
- c.) The Career Goals Essay requirement is waived.
- d.) The Current Resume requirement is waived.

3. WRITTEN CRITICAL ANALYSIS: All applicants must complete a Written Critical Analysis in the School of Education Office before the application can be processed. Those candidates who live more than one hour from the college may be admitted contingent on completion of a satisfactory Written Critical Analysis.

SAGE GRADUATE SCHOOL

The Collaborative Agreement in Teacher Education

Letter of Recommendation

To be completed by candidate: This letter of recommendation will support your application to Sage Graduate School in accordance with provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93/380 (as amended).

I, (type name) _____ do do not wish to see this letter of recommendation.

Graduate program to which you are applying: _____

Signature _____ Date _____

To be completed by the advisor: (please type) **If you use your own letterhead, please attach this form.** Send the original Letter of Recommendation in the enclosed envelope. Please sign across the seal and return the envelope to the applicant so that it may be included with the application.

I hereby recommend this student for admission into Sage Graduate School for the program mentioned above in accordance with The Collaborative Agreement in Teacher Education.

Advisor's Name _____ Title _____

Department/Organization _____

Address _____

Telephone _____

Signature _____ Date _____

Sage Graduate School

Office of Admission

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