

SELF-MANAGED  
APPLICATION



Sage Graduate School uses a student-managed application procedure. Your application, transcripts and letters of recommendation should be submitted in a single envelope. This will allow Sage Graduate School to process your application and to make decisions in a more timely manner. The application packet you have received contains the general and program specific application forms, three forms for letters of recommendation with corresponding envelopes, three forms for requesting transcripts, three envelopes for transcripts (in the event you attended more than one institution), an application checklist and a large envelope pre-addressed to Sage Graduate School in which you will return all materials. You **will not** be considered for admission until all of the above mentioned materials as well as your career goals essay, application fee, and current resume have been received by the Admission Office. If you are having any difficulty obtaining any of these items or if you have any questions about any of our programs, please call Sage Graduate School, Office of Admission at (518) 244-6878 or 1-888-VERY SAGE.

**1. APPLICATION and DEADLINES.** Please complete all application forms and sign before returning to Sage Graduate School. Most applications to Sage Graduate School are accepted on a rolling basis. Preference is given to students who adhere to the following priority deadlines-April 1st for summer and fall and November 1st for spring. Please check our website for specific application deadlines.

The following programs have admission deadlines: Doctor of Physical Therapy (DPT), Educational Leadership Doctorate (EdD), Doctor of Nursing Science (DNS), Master of Science in Occupational Therapy (OT) and Dietetic Internship Certificate (DI).

In order to receive financial aid for any given semester, your application materials must be completed/submitted prior to the end of the first week of classes.

**2. APPLICATION FEE.** The \$40 application fee must be a check or money order made payable to The Sage Colleges. DO NOT SEND CASH. *The application fee is waived for the following individuals: 1.) any graduate of one of The Sage Colleges, 2.) any student applying as part of The Collaborative Agreement in Teacher Education, 3.) any students who work for companies that participate in the corporate reimbursement program or health alliance program, 4.) any student applying as part of an articulation agreement for potential OT & PT students.*

**3. TRANSCRIPTS.** Send the registrar of each college or university that you attended (whether or not you earned a degree from that institution) a transcript request form and one of the transcript envelopes. Instruct each one to enclose your transcript in the envelope. Request the registrar(s) to sign across the seal and to mail the envelope(s) to you. DO NOT BREAK THE SEAL. If we receive a transcript that has been opened, the contents will not be accepted. If you need more than two transcript envelopes, please prepare them yourself. Only one copy of each transcript is required. *Please be sure to list **all** colleges and/or universities on the application form. If you have attended any of The Sage Colleges, these transcripts will be requested internally and do not have to be requested by you.*

*If you are a graduate of one of The Sage Colleges, we will retain all of your records from the schools that you have previously attended\*. If you have attended classes or any institution after you graduated from any of The Sage Colleges, those transcripts must be requested by you.*

**\*If you graduated more than seven years ago from one of The Sage Colleges, you will need to request transcripts from all other institutions. Please call the Office of Admission at (518) 244-6878 if you have any questions about transcript requests.**

**4. RECOMMENDATIONS.** Give each person preparing your recommendation a form and an envelope. Request each to enclose the completed recommendation form in the envelope, seal it, and mail the envelope to you. DO NOT BREAK THE SEAL. If we receive a recommendation that has been opened, the contents will not be accepted. Two letters are required for admission to all programs, except the EdD and DNS which require three recommendations. **Note: If a recommender or registrar refuses to send a recommendation or transcript to you, have him/her send it directly to Sage Graduate School Office of Admission, 45 Ferry Street, Troy, NY 12180.** Please make a prominent note in your application if we are to receive credentials separately.

**5. CAREER GOAL ESSAY.** All applicants are required to submit a career goal essay as part of the application process. Please tell us about your educational background, work experience and why you have decided to apply to Sage Graduate School. The essay should be a minimum of 250 words.

**6. CURRENT RESUME.** Enclose a copy of your current resume.

**7. SUPPLEMENTAL APPLICATION FORMS.** For each school these may be downloaded from our website at [www.sage.edu/sgs/admission](http://www.sage.edu/sgs/admission)

**8. INTERNATIONAL APPLICANTS.** In addition to the above required, international applicants whose native language is not English are required to submit results of the Test of English as a foreign language (TOEFL) with a minimum score of 550 or computerized score of 213. In addition, applicants must submit an official academic transcript (course by course) evaluation from the World Education Services ([www.wes.org](http://www.wes.org)) as well as Proof of Financial Support. Please contact the office of Graduate Admission for more information.

**9. ACCEPTANCE.** Once all of your application materials have been received, your application will be processed and evaluated by the program director. You should be notified within approximately 3-4 weeks.

**10. ENROLLMENT DEPOSIT.** Upon acceptance, you will be mailed an acceptance packet that contains useful information on being a Sage Graduate School student. At this point, we will ask you for a \$50 enrollment deposit. This deposit is fully refundable until the first week of classes, should you elect not to attend. The deposit is part of your tuition and is not an additional fee. When we receive your deposit, you will be eligible to register for classes.

# SAGE GRADUATE SCHOOL

## Application for Admission

### PERSONAL DATA: (Please type or print)

Name in Full: \_\_\_\_\_  
Last First M.I. Maiden/Former

Mailing Address: \_\_\_\_\_  
Street

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

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex: (circle one) Male or Female E-mail Account: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Are you a U.S. Citizen? (circle one) Yes or No Are you a New York State Resident? (circle one) Yes or No

If you are not a U.S. Citizen and are a New York State Resident, please complete the following:

Alien Registration Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

\*Ethnic Origin: Please check the one which appropriately applies (U.S. Citizens or permanent residents only)

American Indian or Alaskan Native  Asian or Pacific Islander  Caucasian  Black  Hispanic  Other

Current Employer: (if applicable)

\_\_\_\_\_  
Name Position Date

Address

Does your employer participate in the Sage Colleges Corporate Reimbursement Program (circle one) Yes or No

Is your employer a member of the Sage Health Alliance (circle one) Yes or No

Source from which you learned about Sage Graduate School: \_\_\_\_\_

Radio  Newspaper  Website  Current Student  Employer  College Fair  Billboard

Commercial  Other \_\_\_\_\_

### ACADEMIC RECORD:

List ALL colleges attended whether or not you earned a degree (including The Sage Colleges)

College attended

Dates attended

Degree(s) Received

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Response to this question is voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment.

(over)

Please check the Sage Graduate School Program to which you are applying and indicate the corresponding degree or certificate program (where appropriate, please circle the corresponding areas and track you intend to pursue).

### School of Arts & Sciences

- Community Psychology, MA / **Corresponding Tracks:**
  - Child Care and Children's Services
  - Community Health Education
  - General Track
- Counseling & Community Psychology, MA\*
- Counseling & Community Psychology, MA/Forensic Mental Health certificate\*
- Forensic Mental Health, MS\*
- Forensic Mental Health (certificate)\*

### School of Education

- Adolescence Education, MAT / **Corresponding Tracks:**
  - English
  - Mathematics
  - Social Studies
- Applied Behavior Analysis and Autism, MS
- Art Education, MAT (K-12)
- Childhood Education, MSE
- Childhood/Literacy Education, MS
- Childhood/Special Education, MS
- Community Health Education, MS
- Professional School Counseling, MS
- Professional School Counseling (post master's certificate)
- Literacy Education — Adolescence, MSE
- Literacy Education — Childhood, MSE
- Literacy/Special Education (Childhood), MSE
- School Health Education, MS
- Special Education (Childhood), MSE
- Educational Leadership, EdD

### Students applying to The Collaborative Agreement in Teacher Education please check the appropriate box below

- I am completing a degree in Secondary Education and would like to be considered for The Collaborative Agreement in Teacher Education. (For Siena Students Only)

\_\_\_\_\_  
(Please have your faculty advisor sign here)

- I am completing a degree in \_\_\_\_\_ and would like to be considered for The Collaborative Agreement in Teacher Education.

### School of Nursing and Health Sciences

#### NURSING

- Adult Health Nurse Practitioner, MS
- Family Nurse Practitioner, MS
- Geriatric Nurse Practitioner, MS
- Adult Health, MS, **(please circle track)**
  - > Clinical Specialist
  - > Educator
  - > Executive / Administrator
- Community Health, MS, **(please circle track)**
  - > Clinical Specialist
  - > Educator
  - > Executive / Administrator
- Psychiatric — Mental Health, MS, **(please circle track)**
  - > Clinical Specialist
  - > Educator
  - > Executive / Administrator

-> Nurse Practitioner & Clinical Specialist

- Nursing (post master's certificate)  
Please specify certificate from the list below \_\_\_\_\_

#### Nurse Practitioner Certificates

- Acute Care
- Adult
- Family
- Psychiatric Mental Health

#### Nursing Certificates

- Adult Health
- Clinical Nurse Leader/Specialist
- Community Health
- Nurse Administrator/Executive
- Nurse Educator

- Advanced Certificate in Counseling for Nursing (post baccalaureate certificate)

- Gerontology (certificate)

- Nursing Education & Leadership, DNS

#### NUTRITION

- Applied Nutrition, MS
- Dietetic Internship (DI certificate)

#### OCCUPATIONAL THERAPY

- Occupational Therapy, MS\*

#### PHYSICAL THERAPY

- Physical Therapy, DPT\*
- Physical Therapy, transitional, tDPT\*

### Students applying to the MS in OT or DPT through one of the articulation agreements, please check the appropriate box below:

- I am applying to the MS in OT program through

\_\_\_\_\_  
(Name of Articulation College)

- I am applying to the Doctor of Physical Therapy Program through

\_\_\_\_\_  
(Name of Articulation College)

### School of Professional Studies

- Business Administration, MBA / **Corresponding Tracks:**

- Marketing
- Human Resources
- Finance
- Business Strategy

- Business Administration/Law, MBA/JD
- Health Services Administration, MS
- Organization Management, MS
- Human Resources (certificate)
- Managing Non-profit Organizations (certificate)
- Marketing (certificate)

### Please indicate below if you would like information and applications for the following (Check all that apply):

- Graduate Assistantships
- Financial Aid
- Residence Options

\* These programs require forms in addition to the general admission requirements. You may download these forms at [www.sage.edu/sgs/admission](http://www.sage.edu/sgs/admission)

**Term of desired entry (please enter year):** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Signature of Applicant:** In signing this application, I am certifying that all of the information provided in this application packet is original and accurate information.

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

**Notice of Nondiscriminatory Policy:** Sage Graduate School admits students of any age, sex, race, religion, color, marital status, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The College does not discriminate against the handicapped and has agreed to comply with regulations of Section 504 of the Rehabilitation Act of 1973.

**Application and all other materials should be sent to:**

Sage Graduate School  
Office of Admission  
45 Ferry Street  
Troy, NY 12180

# SAGE GRADUATE SCHOOL

## Transcript Request

### To be Completed by the Applicant:

**To the applicant:** If you have attended more than two colleges or universities, photocopy this form and send copies to *all* institutions you have attended (regardless of whether you received a degree.) Sealed, official transcripts are required from all institutions attended.

I authorize the release of my academic transcript from \_\_\_\_\_  
Name of College or University

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

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Dates of Enrollment: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Degree conferred (if applicable) \_\_\_\_\_

### To Be Completed by the Registrar:

**To the Registrar:** The person named above is applying to Sage Graduate School. Our admissions procedure requires the applicant to submit a complete set of transcripts (and all other supporting documentation) with the application form. This system allows the student to know that his or her application is complete when submitted. Please enclose this form together with an official transcript in a sealed envelope. Please sign across the seal and return the envelope to the applicant so he or she can include it in his or her application. If it is against your policy to give the signed and sealed envelope to the applicant, please return the envelope to: Sage Graduate School, Office of Admission, 45 Ferry Street, Troy, NY 12180. Please notify the applicant if you send the transcript directly to Sage Graduate School.

Please provide the information requested below and attach applicant's transcript to this form.

Please check:

Applicant is currently enrolled \_\_\_\_\_

Applicant graduated (please specify date) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Applicant's cumulative grade-point average \_\_\_\_\_ after \_\_\_\_\_ credits.

Applicant's cumulative rank in class: \_\_\_\_\_ out of \_\_\_\_\_. If unavailable, please check

If no explanation is available on the transcript, please explain the grading system unless A=4, B=3, etc.

Signature of school official filling request \_\_\_\_\_ Date \_\_\_\_\_

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

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If no explanation is available on the transcript, please explain the grading system unless A=4, B=3, etc.

Signature of school official filling request \_\_\_\_\_ Date \_\_\_\_\_

## SAGE GRADUATE SCHOOL

## Letter of Recommendation

**To be completed by Candidate:** This letter of recommendation will be included in your Credential File in support of 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 / Certificate program to which you are applying: \_\_\_\_\_

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

**To be completed by the Recommender:** Please type. **If you use your own letterhead, please complete and 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.

Relationship to candidate (check one):

Professor  Employer/Supervisor  Advisor

Recommender's Name \_\_\_\_\_ Title \_\_\_\_\_

Department/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

# SAGE GRADUATE SCHOOL

## Letter of Recommendation

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Graduate / Certificate program to which you are applying: \_\_\_\_\_

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

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Relationship to candidate (check one):

Professor  Employer/Supervisor  Advisor

Recommender's Name \_\_\_\_\_ Title \_\_\_\_\_

Department/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

**Sage Graduate School**

Office of Admission

45 Ferry Street

Troy NY 12180

1-888-VERY SAGE or 518-244-6878

[www.sage.edu/admission](http://www.sage.edu/admission)

E-mail: [sgsadm@sage.edu](mailto:sgsadm@sage.edu)