



SCHOOL OF GRADUATE STUDIES  
APPLICATION FOR ADMISSION



CHESTNUT  
HILL  
COLLEGE

# SCHOOL OF GRADUATE STUDIES FACT SHEET

## APPLICATION FEE

\$55 (One time only)

## TUITION

\$560 to \$650 per credit (program specific; subject to change)  
See the website for current financial information, additional fees, and tuition discount information. Stafford loans are available for accepted students taking six credits or more per term. Some certificate programs may not be eligible.

## FINANCIAL AID

Financial aid counselors are available to assist you. For information, call 215.248.7182 or email [finaid@chc.edu](mailto:finaid@chc.edu)  
Stafford loans are available for accepted students taking 4.5 credits or more per term. Some non-degree programs are not eligible.

## APPLICATION GUIDELINES

Chestnut Hill College has a rolling admissions policy for graduate applicants. In order for file reviews to take place in time for registration, application requirements should be received by the following dates to be considered: for Fall Semester, July 1; for Spring, November 1; for Summer, March 1.

Extensions may be granted by contacting the Graduate Admissions Staff at [gradadmissions@chc.edu](mailto:gradadmissions@chc.edu).

## LENGTH OF PROGRAM

Students may attend part-time or full-time. Most graduate programs may be completed within two years; however, the maximum time to complete a program is six years.

It is the prospective student's responsibility to schedule the required interviews and ensure that all materials have been received by the Graduate Office. Submitted materials become the property of Chestnut Hill College.



**PLEASE NOTE:** Chestnut Hill College is committed to providing equal educational opportunities for qualified students in keeping with their career and professional goals. In all of its policies and operations, the College complies with applicable federal and state laws. Before undertaking a field of study, students are responsible to learn eligibility requirements and issues related to licensure and/or employment in their field of interest (such as GPA, course requirements, criminal background checks, certification and professional licensure requirements, internship requirements, etc.).

## NON-MATRICULATING AND PRE-MATRICULATING STATUS

Students in this category may take a limited number of credits depending on their program of study. To apply, submit an application and official transcript from the accredited degree-granting institution. *Students may present unofficial transcripts for initial registration; however, no grades will be available until official transcripts have been received.*

**NOTE:** Qualification for Stafford Loans is contingent upon formal acceptance. Completion of non- and pre-matriculated courses does not guarantee acceptance.

## MATRICULATING STATUS

**DEGREE:** Students who wish to apply for a Master of Education, Master of Science, or Master of Arts Degree must adhere to the following requirements in order to be considered for acceptance. Early contact with the Admissions Office is strongly encouraged.

**NOTE:** Those applicants with previous master's or doctoral degrees may be exempt from standardized tests and/or other requirements. Please contact the Director of Admissions, School of Graduate Studies for your specific application requirements. Applicants will be informed of admission decisions through an email from the Director of Graduate Admissions and a letter from the Dean of the School of Graduate Studies.

- Complete the application form (\$55 fee, subject to change)
- Submit all official transcripts in sealed envelopes
- Submit standardized test scores as required:  
PAPA for Education Applicants with GPA below 3.0  
GRE or MAT for all others
- Submit three recommendations: academic and professional (no personal references accepted)
- Submit Professional Goals Essay (see guidelines for Professional Goals Essay)
- Interview with the Department Chair or Coordinator (for qualified applicants)
- Submit an on-site writing sample, if requested by the Department Chair or Director of Admissions

**NON-DEGREE:** Students who wish to apply for all other purposes, including certificates, certifications, licensure preparation, and professional development in excess of the pre-matriculating limit, must adhere to the above requirements.

**FOR INTERNATIONAL STUDENTS:** Contact the Director of International Student Services (215.248.7989) prior to beginning application process. In addition to the above, international students whose first language is not English, must submit TOEFL scores. The I-20 Certificate of Eligibility will be sent after acceptance into the graduate program.

Please send application with \$55 non-refundable application fee to:

Graduate Admissions  
Chestnut Hill College  
9601 Germantown Avenue  
Philadelphia, PA 19118-2693


 SCHOOL OF GRADUATE STUDIES APPLICATION
 

The Doctoral Program and Professional Certificate in ASD Program require different applications available at [www.chc.edu/graduate](http://www.chc.edu/graduate).  
Please print clearly or type. In order to be processed, all information requested on this form must be completed.

## PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Other Name(s) on Transcript, if Applicable \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Gender \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

As required by the Federal Government, the following race/ethnicity questions enable diversity research as well as grant qualification and program development. This information will never be used in decisions concerning admission, registration, and/or employment. Please check your response in both columns below as accurately as possible. If you choose not to answer, please check here: \_\_

*Please check one or more of the following:*

Hispanic, Latino, or of Spanish Origin \_\_  
Cuban \_\_  
Puerto Rican \_\_  
South American \_\_  
Central American \_\_  
None of these \_\_

*Please check one or more of the following:*

American Indian or Alaska Native \_\_  
Asian \_\_  
Black or African American \_\_  
Native Hawaiian or Pacific Islander \_\_  
White \_\_

## CITIZENSHIP

Social Security# \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Citizenship \_\_\_\_\_

Birthplace \_\_\_\_\_ If English is not your first language, what is? \_\_\_\_\_  
(City) (State)

Permanent Resident# \_\_\_\_\_ Visa Type \_\_\_\_\_

## PROGRAM INFORMATION

Program of Interest: \_\_\_\_\_  
(Please list ALL that apply: degree, certification, certificate, and/or concentration. Ex: M.Ed. in Secondary Ed with Special Ed Cert)

I plan to begin: \_\_ Fall \_\_ Spring \_\_ Summer of 20\_\_\_\_

as a: \_\_ Non-matriculating student (no program) \_\_ Pre-matriculating student (credit limits apply) \_\_ Matriculating student (accepted)

Campus: \_\_ Main Campus (Chestnut Hill) \_\_ DeSales University Campus (Center Valley/Easton) \_\_ Pottstown Campus (MCCC)

## EDUCATION

Graduate College/University \_\_\_\_\_  
(Name) (City/State/Country)

(Dates: From-To) (Specialization) (GPA) (Degree Received/Total Credits)

Undergraduate College/University \_\_\_\_\_  
(Name) (City/State/Country)

(Dates: From-To) (Major) (GPA) (Degree Received/Total Credits)

Undergraduate College/University \_\_\_\_\_  
(Name) (City/State/Country)

(Dates: From-To) (Major) (GPA) (Degree Received/Total Credits)

Certification(s) previously attained (name/date) \_\_\_\_\_

## EMPLOYMENT

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## OTHER INFORMATION

Heard about the program from (please check all that apply):

- Faculty Referral     Student Referral     Billboard     Graduate Fair     Radio Advertisement  
 Brochure     Friend     Postcard     Information Session     Newspaper Advertisement  
 Internet (specify website) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

*I have read and understand the foregoing application, and affirm that all information on my application is complete, factually correct, and honestly represented. I understand that withholding information or submitting false or misleading information may make me ineligible for admission to the college or subject to dismissal.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# PROGRAM OF STUDY GUIDE

## CLINICAL AND COUNSELING PSYCHOLOGY

### PROGRAM DESCRIPTION

M.S. Addictions Counseling  
M.S. Child & Adolescent Therapy  
M.S. Treatment of Autism Spectrum Disorders\*  
M.S. Marriage & Family Therapy  
M.S. Trauma Studies  
M.S. Generalist Curriculum  
CAS Addictions Counseling (post master's only)  
CAS Child & Adolescent Therapy (post master's only)  
CAS Treatment of ASD\* (post master's only)  
CAS Marriage & Family Therapy (post master's only)  
CAS Trauma Studies (post master's only)  
CAS LPC Licensure Preparation (post master's only)  
CAS LMFT Licensure Preparation (post master's only)  
Professional Development (non-matriculating)  
\* ASD concentration courses at Main Campus only

## INSTRUCTIONAL TECHNOLOGY

### PROGRAM DESCRIPTION

M.S. with Instructional Design and E-Learning Specialization  
M.S. with Instructional Design and E-Learning with  
Instructional Technology Specialist Certification  
CAS Instructional Technology Specialist Certification  
CAS Instructional Technology (post-master's)  
Certificate of Professional Development

## ADMINISTRATION OF HUMAN SERVICES

### PROGRAM DESCRIPTION

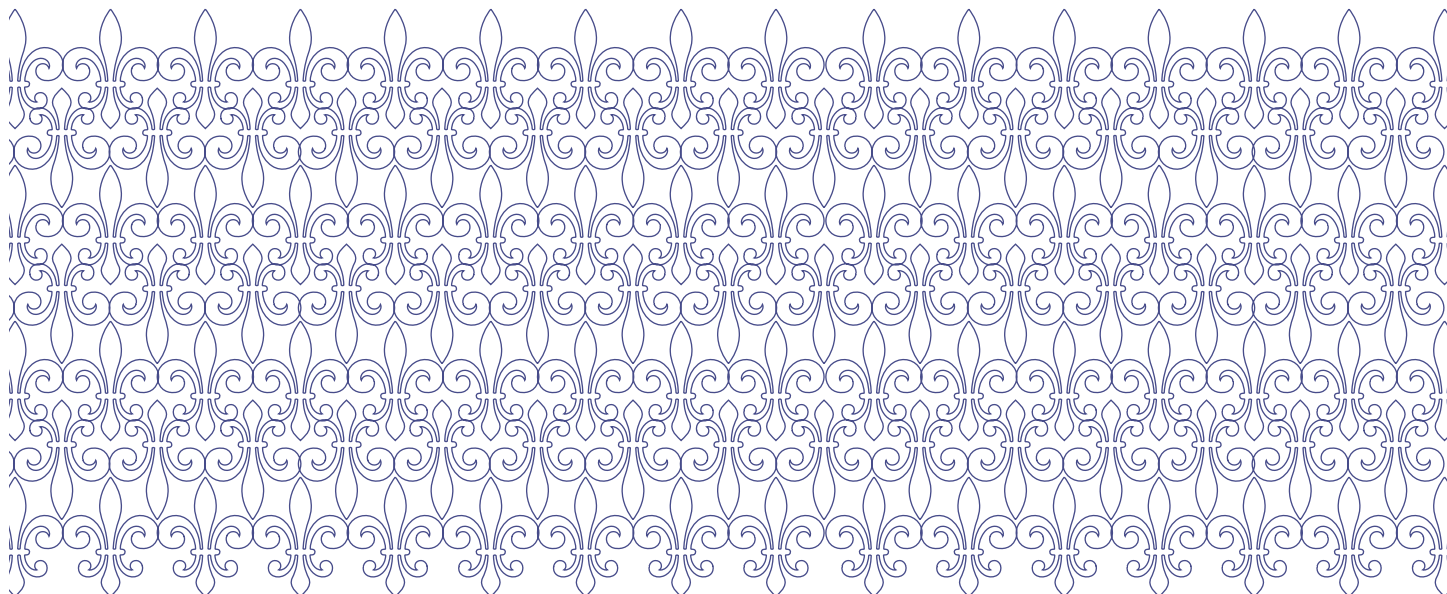
M.S. Administration of Human Services  
Certificates of Professional Development/Concentrations in:  
Leadership Development  
Adult and Aging  
Assisting Adults with Autism Spectrum Disorders

## EDUCATION

### PROGRAM DESCRIPTION

M.Ed. Early Education (PreK to 4th Grade)  
M.Ed. Early Education/Montessori Certificate  
M.Ed. Early Childhood Education with Montessori Cert  
M.Ed in Reading w/ Reading Specialist Certification (K-12)  
M.Ed. in Special Education w/ Special Education Certification  
M.Ed. Middle Level Education (Grades 4 to 8)  
M.Ed. Secondary Education  
M.Ed. Secondary Education w/ Special Ed Cert (8th-12th)  
M.Ed. Educational Leadership  
M.Ed. Educational Leadership with Principal Certification  
Early Education Certification Program (PreK to 4th Grade)  
Middle Level Education Certification Program (4th-8th)  
Secondary Education Certification Program  
Biology, Chemistry, General Science, Math, English,  
Foreign Language, Social Studies  
Reading Specialist Certification Program  
Special Education Certification Program  
Principal Certification  
Certificate in Montessori Education  
Professional Development (non-matriculating)

PLEASE NOTE: The Doctor of Psychology in Clinical Psychology program (Psy.D.) and the Professional Certificate to Assist Adults with Autism Spectrum Disorders (ASD) have a different application as well as different requirements and procedures. Please contact [gradadmissions@chc.edu](mailto:gradadmissions@chc.edu) or go to the website for more information: [www.chc.edu/graduate](http://www.chc.edu/graduate).





# ❁ SCHOOL OF GRADUATE STUDIES RECOMMENDATION FORM ❁

Please print clearly or type. In order to be processed, all information requested on this form must be completed.

## TO BE COMPLETED BY APPLICANT:

Applicant's Name \_\_\_\_\_  
*(Last)*
*(First)*
*(Middle)*

Applicant's Email \_\_\_\_\_ Program of Interest \_\_\_\_\_

I agree that the recommendation I am requesting shall be held by Chestnut Hill College School of Graduate Studies, and I hereby waive any rights to examine it.  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

## TO BE COMPLETED BY RECOMMENDER:

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

2. Are you aware of the applicant's academic record?  Yes  No

Do you feel the applicant is prepared academically for the challenges of the program?  Yes  No

Do you feel the applicant is prepared emotionally for the challenges of the program?  Yes  No

3. Please assess the applicant in the following areas and indicate the reference group used for your judgments (i.e., employees, students).

Reference group: \_\_\_\_\_

	OUTSTANDING TOP 1-2%	SUPERIOR TOP 5%	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Written Communication Skills							
Verbal Communication Skills							
Quantitative Skills							
Problem-Solving Skills							
Decision-Making Skills							
Ability to Work with Others							





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*(Last)* *(First)* *(Middle)*

Applicant's Email \_\_\_\_\_ Program of Interest \_\_\_\_\_

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Organization \_\_\_\_\_

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Applicant's Name \_\_\_\_\_  
*(Last)*
*(First)*
*(Middle)*

Applicant's Email \_\_\_\_\_ Program of Interest \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Organization \_\_\_\_\_

Address \_\_\_\_\_

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Decision-Making Skills							
Ability to Work with Others							

