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 the $55 non-refundable application fee to:

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

SCHOOL OF GRADUATE STUDIES FACT SHEET

APPLICATION FEE
$55 (One time only)

TUITION
$525 to $610 per credit (depending on program; subject to change)

FINANCIAL AID

APPLICATION GUIDELINES

Length of Program

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 Director of Graduate Admissions at mashettj@chc.edu.

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 satisfactory GPA, course requirements, criminal background checks, certification and professional licensure requirements, internship requirements, etc.).
SCHOOL OF GRADUATE STUDIES APPLICATION

The Doctoral Program and Professional Certificate in ASD Program require different applications available at 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 ___

American Indian or Alaska Native ___

Cuban ___

Asian ___

Puerto Rican ___

Black or African American ___

South American ___

Native Hawaiian or Pacific Islander ___

Central American ___

White ___

None of these ___

CITIZENSHIP

Social Security #__________________________ Birth Date ____ / ____ / ______ Country of Citizenship __________________________

Birthplace __________________________ (City) (State)

if English is not your first language, what is? __________________________

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

<table>
<thead>
<tr>
<th>Undergraduate College/University</th>
<th>(Name)</th>
<th>(City/State/Country)</th>
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<td>(Major)</td>
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Certification(s) previously attained (name/date)

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# EMPLOYMENT

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<tr>
<th>Present Employer</th>
<th>Position</th>
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<th>Address</th>
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<th>Phone</th>
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# IN CASE OF EMERGENCY

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<tr>
<th>Name</th>
<th>Relationship to You</th>
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<th>Email</th>
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# 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, _____ / _____ / _____
CLINICAL AND COUNSELING PSYCHOLOGY

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

HOLISTIC SPIRITUALITY

PROGRAM DESCRIPTION
M.A. Holistic Spirituality
M.A. Holistic Spirituality & Spiritual Direction
M.A. Holistic Spirituality with Certificate in Healthcare
M.A. Holistic Spirituality with Bereavement Certificate
M.A. Holistic Spirituality with Certificate in Spirituality and Sustainability
Certificate of Professional Development in Bereavement Care
Certificate in Spirituality and Sustainability
Certificate in Holistic Spirituality/Healthcare
Certificate of Study in Spirituality
CAS in Spiritual Direction (post master’s only)
CAS in Supervision of Spiritual Directors (post master’s only)
Professional Development (non-matriculating)

EDUCATION

PROGRAM DESCRIPTION
M.Ed. Early Education (PreK to 4th Grade)
M.Ed. Early Education/Montessori Certificate
M.Ed. Early Childhood Education*
M.Ed. Elementary Education*
M.Ed w/ Reading Specialist Certification Program
M.Ed. w/ Special Education Certification Program
M.Ed. Middle Level Education (Grades 4 to 8)
M.Ed. Secondary Education
M.Ed. Secondary Education w/ Special Ed. Certification
M.Ed. Educational Leadership
M.Ed. Educational Leadership with Principal Certification
Early Education Certification Program (PreK to 4th Grade)
Middle Level Education (Grades 4 to 8) Certification Program
Secondary Education Certification Program
Early Childhood Education Certification Program*
Elementary Education Certification Program*
Reading Specialist Certification Program
Special Education Certification Program
Principal Certification
Certificate in Montessori Education
Professional Development (non-matriculating)
* PDE requires these programs’ completion by 9/2013.

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
Certificate of Professional Development in Leadership Development
Certificate of Professional Development: Adult and Aging
The Professional Goals Essay is an important requirement and should be a well-written, insightful, and succinct academic-style paper of 400 to 600 words.

Type with 1.5 or double spacing. Format your paper correctly and include your name, date and specific program of interest in the upper left corner (see Program of Study Guide for list of programs).

Discuss your academic and professional goals in relation to your life experiences and career plans.

Explain the specific reasons the Chestnut Hill College program you have chosen meets your goals and needs.

Include your name, date and specific program of interest in the upper left corner of your paper (see Program of Study Guide).

Essay will be graded by a writing professional and by a department chair or coordinator. Emphases include:

- Overall writing ability, organization of paper, reflected motivation for program, logic, development, creativity
- Sentence construction (ex. awkward structure, run-ons, fragments) and sentence variety (ex. every other sentence should not begin with “I”)
- Grammar (ex. use/placement of adjectives, adverbs, and participles, tense and verb-form agreement)
- Punctuation (ex. placement of commas, semi-colons, etc., and use of capitals)
- Content (ex. overall communication of ideas, coherence, clarity of purpose, connection between goals and experience, connection between goals and career plans, compatibility and connection between goals and CHC program of interest)

Please, take the time to reflect on your goals, demonstrate your BEST writing skills, and proofread your essay carefully.
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: __________________

<table>
<thead>
<tr>
<th>Written Communication Skills</th>
<th>Verbal Communication Skills</th>
<th>Quantitative Skills</th>
<th>Problem-Solving Skills</th>
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5. If English is not the applicant's native language, please comment on his/her oral and written English proficiency.

Oral __________________________________________________________

________________________________________________________________________

Written __________________________________________________________

________________________________________________________________________

Recommender's Signature ____________________________________________ Date __________________________

Please return to:
Graduate Admissions
Chestnut Hill College
9601 Germantown Avenue
Philadelphia, PA 19118

GradAdmissions@chc.edu
215.248.7097
www.chc.edu/graduate
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Applicant's Name ____________________________________________

(Last)      (First)     (Middle)

Applicant's Email ____________________________________________, Program of Interest ____________________________________________

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Oral

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Written

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Recommender's Signature ___________________________ Date ________________________

Please return to:

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9601 Germantown Avenue
Philadelphia, PA 19118

GradAdmissions@chc.edu
215.248.7097

www.chc.edu/graduate
SCHOOL OF GRADUATE STUDIES RECOMMENDATION FORM

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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:

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________________________________________________________________________________________

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