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. 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.

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.

Applications 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. 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 __

Ameri can Indian or Alaska Native __

American Indian or Alaska Native __

Asian __

Black or African American __

Cuban __

Native Hawaiian or Pacific Islander __

Puerto Rican __

White __

South American __

Central American __

None of these __

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 (MC CC)
**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  

_/_

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**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,  

_/_

_/_

_/_
### 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)

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**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 or go to the website for more information: www.chc.edu/graduate.
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?       __ Y es         __ 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>
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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
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

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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
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? ____________________________

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