



## GRADUATE PROGRAM APPLICATION FOR READMISSION

### 1. Application Information

**APPLICATION FOR**

- 
- Full Time (12+ credits)
- 
- 
- Part Time

**CAMPUS PREVIOUSLY ATTENDED**

- 
- Nyack, NY
- 
- 
- New York City

**ENROLLMENT DATE**

- 
- Fall, 20\_\_\_\_\_
- 
- 
- Spring, 20\_\_\_\_\_
- 
- 
- Summer, 20\_\_\_\_\_

### 2. Degree Information\*

\* Select the degree that you were pursuing when you were last enrolled.

**MASTER OF DIVINITY**

- 
- Bible and Theology
- 
- 
- Church Development
- 
- 
- Missions\*
- 
- 
- Urban Ministries\*\*

**MASTER OF ARTS—Biblical Literature**

- 
- New Testament
- 
- 
- Old Testament
- 
- 
- New Testament Non-Language Track

 **NON-DEGREE**
**MASTER OF**
**PROFESSIONAL STUDIES**
 \_\_\_\_\_

**MASTER OF ARTS**

- 
- Intercultural Studies\*
- 
- 
- Counseling (Marriage & Family)\*
- 
- 
- Counseling (Mental Health)

\*Nyack Campus Only

\*\* NYC Campus Only

### 3. Personal Information

 Title:  Mr.  Mrs.  Miss  Ms.  Dr.  Rev.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Preferred: \_\_\_\_\_

 Gender:  Male  Female Maiden/Previous Name: \_\_\_\_\_

S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Date of Last Attendance at Nyack College: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

### 4. Current Mailing Address Information

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

 Phone Numbers:  H  W  C (\_\_\_\_\_) \_\_\_\_\_  H  W  C (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 5. Applicant's Signature Required

**In order to be cleared for reactivation, you must have a zero balance, a minimum cumulative GPA 2.5, and must submit transcripts from schools attended since leaving Nyack College.**

\_\_\_ Absent from Nyack College for more than one calendar year. Requirements: readmission form and pastoral reference.

\_\_\_ Absent from Nyack College for more than seven years. Requirements: full application, pastoral reference, 1-2 general references, Christian experience statement (1 page).

**Name of Any School Attended Since Leaving Nyack/ATS:**

School: \_\_\_\_\_ City/State: \_\_\_\_\_

**Please sign your name below if you understand and agree to these conditions.**

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

#### FOR OFFICE USE ONLY

Current GPA: \_\_\_\_\_

 Registrar Approval

Current Balance \$: \_\_\_\_\_

 Approval from Dean (low GPA only)

 AGSC director approval (AGSC only)

 Approval

 Matriculating

 Denial

 Non-Matriculating

Director of Admissions' Signature \_\_\_\_\_

Date \_\_\_\_\_