



New Jersey City University
Office of Graduate Studies
Application For Matriculation

Name _____

Address _____

Telephone _____ Social Security # _____

I hereby APPLY FOR MATRICULATION in the _____ Program. (When indicating the program desired, please consult the catalog and be specific i.e., Urban Education -Basics & Urban Studies) In compliance with the requirements for the matriculation of the Graduate Division, I have submitted the required forms as checked below:

_____ (1) Formal Application for Admission.

_____ (2) Official Completed Undergraduate transcript.

_____ (3) Two Letters of Recommendation.

_____ (4) Graduate Record Exam/ Miller Analogies Test _____
TOEFL / GMAT Date Taken
Date Taken

_____ (5) Copy of teaching certificate (If interested in teacher education program.)

As of _____, I have completed _____ semester hours of graduate work at New Jersey City University.

I am requesting an evaluation of _____ transfer credits (maximum of 8) from _____ I have sent an Official transcript of these credits to the Graduate Office.

NOTE WELL: I have read the graduate Catalog on specific requirements for entrance into the degree program and the section on transfer credits.

Signature _____

DO NOT WRITE BELOW THIS LINE

Undergraduate Cumulative Average _____

Official Graduate Record Examination Scores _____ V _____ Q

Official Miller Analogies Test Scores _____

APPROVED BY _____
Director of Graduate Studies

Chairman/Coordinator of the Department

Assigned Advisor _____