

Post-Graduate Application Form

Name _____ Last Name _____ M.I. _____

Date of Birth _____ Email Address _____

Future Plans

I am applying to be:*

- | | |
|--|--|
| <input type="checkbox"/> An Undergraduate Re-admit student | <input type="checkbox"/> A Graduate Re-admit student |
| <input type="checkbox"/> An Undergraduate Transfer student | <input type="checkbox"/> A Graduate Non-Matriculated student |
| <input type="checkbox"/> An Undergraduate Non-Matriculated student | <input type="checkbox"/> A Graduate Certificate student |
| <input type="checkbox"/> A New Graduate student | |

I would like to start my studies in :*

- 2017 Spring
 2017 Summer
 2017 Fall

Degree

You can only select one, so read list carefully.

Newark College of Engineering		
<input type="checkbox"/> Biomedical Engineering (M.S. & Ph.D.)	<input type="checkbox"/> Engineering Management (M.S.)	<input type="checkbox"/> Occupational Safety & Health (M.S.)
<input type="checkbox"/> Biopharmaceutical Engineering (M.S.)	<input type="checkbox"/> Environmental Engineering (M.S. & Ph.D.)	<input type="checkbox"/> Pharmaceutical Engineering (M.S.)
<input type="checkbox"/> Chemical Engineering (M.S. & Ph.D.)	<input type="checkbox"/> Healthcare Systems Management (M.S.)	<input type="checkbox"/> Pharmaceutical Systems Management (M.S.)
<input type="checkbox"/> Civil Engineering (M.S. & Ph.D.)	<input type="checkbox"/> Industrial Engineering (M.S. & Ph.D.)	<input type="checkbox"/> Power & Energy Systems (M.S.)
<input type="checkbox"/> Computer Engineering (M.S. & Ph.D.)	<input type="checkbox"/> Internet Engineering (M.S.)	<input type="checkbox"/> Telecommunications (M.S.)
<input type="checkbox"/> Critical Infrastructure Systems (M.S.)	<input type="checkbox"/> Manufacturing Engineering (M.S.)	<input type="checkbox"/> Transportation Engineering (M.S. & Ph.D.)
<input type="checkbox"/> Electrical Engineering (M.S. & Ph.D.)	<input type="checkbox"/> Mechanical Engineering (M.S. & Ph.D.)	

College of Science and Liberal Arts

- | | | |
|--|--|--|
| <input type="checkbox"/> Applied Mathematics (M.S.) | <input type="checkbox"/> Biostatistics (M.S.) | <input type="checkbox"/> Mathematical & Computational Finance (M.S.) |
| <input type="checkbox"/> Applied Physics (M.S., Ph.D.) | <input type="checkbox"/> Chemistry (M.S., Ph.D.) | <input type="checkbox"/> Mathematical Sciences (Ph.D.) |
| <input type="checkbox"/> Applied Statistics (M.S.) | <input type="checkbox"/> Environmental Science (M.S., Ph.D.) | <input type="checkbox"/> Pharmaceutical Chemistry (M.S.) |
| <input type="checkbox"/> Biology (M.S., Ph.D.) | <input type="checkbox"/> Materials Science & Engineering (M.S., Ph.D.) | <input type="checkbox"/> Professional & Technical Communication (M.S.) |

Martin Tuchman School of Management

- | | | |
|--|--|--|
| <input type="checkbox"/> Management (M.S.) | <input type="checkbox"/> Management of Technology (M.B.A.) | <input type="checkbox"/> Business Data Science (Ph.D.) |
|--|--|--|

Specializations:

- Business Analytics
- Global Project Management
- Web Systems and Media

Specializations:

- Information Systems
- Marketing
- Finance
- Healthcare Management
- Innovation & Entrepreneurship
- Custom

Ying Wu College of Computing

- | | |
|--|--|
| <input type="checkbox"/> Bioinformatics (M.S.) | <input type="checkbox"/> Cybersecurity and Privacy (M.S.) |
| <input type="checkbox"/> Business and Information Systems (M.S.) | <input type="checkbox"/> Information Systems (M.S., Ph.D.) |
| <input type="checkbox"/> Computing and Business (M.S.) | <input type="checkbox"/> IT Administration and Security (M.S.) |
| <input type="checkbox"/> Computer Science (M.S., Ph.D.) | <input type="checkbox"/> Software Engineering (M.S.) |

College of Architecture and Design

- Architecture (M.Arch)
- Architecture (M.S.)
- Infrastructure Planning (M.I.P.)

Biographic Information

Permanent Address

Street 1 _____ Street 2 _____

City _____ State (US Only) _____

Country _____ Zip Code _____

Is your Mailing Address the same as Permanent Address? Yes No

Mailing Address (Only if different from Permanent Address.)

Street 1 _____ Street 2 _____

City _____ State (US Only) _____

Country _____ Zip Code _____

Valid Until _____

Home Telephone (US Applicants only) _____

Business Telephone (US Applicants only) _____

Cellphone (US Applicants only) _____

For New Jersey Residents

Do you currently reside in New Jersey?* Yes No

If yes, how long have you lived in New Jersey

Years: (Required For NJ Residents) _____ Months: _____

What is your citizenship status?* _____

Country of Birth _____

Marital Status: _____ Gender: _____

Are you Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race)? Yes No

If you answered YES to the above, please indicate how you identify yourself as a Hispanic/ Latino.

Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Central American (Nicargua, Guatemala, etc.) | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Iberian-European (Spanish, Portuguese) | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American (Brazil, Venezuela, Argentina, etc) |

Regardless of your answer to the prior question, please indicate how you identify yourself. Check all that apply

Having origins in any of the original peoples of the Americas: American Indian Alaskan Native

Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

- | | |
|--|--|
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Central Asian(Mongolia, Kazakhstan, etc.) |
| <input type="checkbox"/> East Asian(China, Japan, Korea, Philippines, etc.) | <input type="checkbox"/> South Asia (India,Pakistan, Bangladesh, etc.) |
| <input type="checkbox"/> Southeast Asia (Indonesia, Thailand, Vietnam, etc.) | |

Having origins in any of the original peoples of Central or Southern Africa or the Caribbean:

- | |
|---|
| <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Caribbean (Haiti, Dominican Republic, Barbados, Jamaica, Trinidad, etc.) |
| <input type="checkbox"/> Central African (Congo, Kenya, Uganda, etc.) |
| <input type="checkbox"/> Southern African (Nambia, Madagascar, South Africa, etc.) |

Having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands:

- | |
|---|
| <input type="checkbox"/> Pacific Islander (Fiji, Guam, Samoa, Tahiti, etc.) |
| <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Aborigine (Australian or Pacific native) |

Having origins in any of the original peoples of Europe, the Middle East, or Northern Africa:

- | | |
|---|--|
| <input type="checkbox"/> White American | <input type="checkbox"/> Eastern European (Ukraine, Poland, Albania, etc.) |
| <input type="checkbox"/> Indo-European (Turkey, Azerbaijan, Afghanistan etc.) | <input type="checkbox"/> Middle Eastern (Israel, Jordan, Lebanon, etc.) |
| <input type="checkbox"/> Northern Africa (Morocco, Algeria, Egypt, etc.) | <input type="checkbox"/> Western Europe (Italy, Sweden, Germany, etc.) |
| <input type="checkbox"/> Australian,New Zealander (not an indigenous person) | |

College Education

Name of College* _____ Dates Attended _____ to _____

Major.* _____ Degree Awarded _____

Have you taken the GRE?* Yes No Date _____

Have you taken the GMAT?* Yes No Date _____

Citizenship Information

Please provide the following information.

Country of citizenship* _____

Are you currently in the U.S. ? Yes No

If Yes, type of Non-Immigrant Status: _____

(You must submit copies of visa, passport, I-20 or DS-2019, green card or any other immigration documents.)

Do you plan to attend NJIT on F-1 visa?* Yes No

If you are currently on F-1 visa, Identify the school that issued your original I20:

Have you taken the Test of English as a Foreign Language (TOEFL or IELTS)? Yes No

(If yes, give date and have your scores sent to the Office of University Admission.)

TOEFL or IELTS Date _____

Recommendations

Please note that an invitation to submit the letter of recommendation will be sent to the recommenders listed below. Please prompt recommender to check email and complete as soon as possible. Please photocopy additional forms as needed.

First Name _____ Last Name _____ M.I. _____
Designation _____
Institution/Employer _____ Department _____
Email _____ Phone Number _____
Relationship to Student _____

First Name _____ Last Name _____ M.I. _____
Designation _____
Institution/Employer _____ Department _____
Email _____ Phone Number _____
Relationship to Student _____

Agent Details

Are you applying through an agent? Yes No

Agency Name _____

Name of agency contact _____

Contact email address of agent _____



College/school/office name, if applicable
University Heights
Newark, NJ 07102-1982
email@njit.edu
www.njit.edu

