

Application for Postgraduate Admission

2019-2020 Academic Year

All applicants must submit a completed application.

The Admissions Committee will not review incomplete applications.

Office of Postgraduate Admissions

218 Libermann Hall 600 Forbes Avenue Pittsburgh, PA 15282

Office of International Admissions

600 Forbes Avenue Pittsburgh, PA 15282-1201 USA

APPLICATION FOR POSTGRADUATE ADMISSION

Be sure to type or print clearly in ink. Incomplete applie			
Check One: U.S. Citizen Permanent Resident,	/Greencard #:	International Applicant/Country of C	Citizenship:
A. PERSONAL INFORMATION Legal Name			□ Mala □ Famala
Last	First	 Middle	
Home Address	City	State/Province	
Preferred Contact Number ()			
E-mail			
Are you related to an alumnus of Duquesne University	•		(ii available for international stadents.)
Relationship	· ·	· ·	e
Relationship			
What is your ethnicity?			
☐ Hispanic or Latino ☐ Not Hispanic or Latino			
Select one or more races to indicate what you conside	r yourself to be.		
☐ American Indian or Alaska Native	□ Asian	☐ Black or African American	
■ Native Hawaiian or other Pacific Islander	— □ White	_	
Religious Denomination or Rite	_		
B. ENROLLMENT STATUS			
Anticipated Entry Term ☐ Fall (August) ☐ S	Spring (January) Summe	r (May) Year: 20	
Do you plan to live on campus? ☐ Yes ☐ No	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
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	ACADEMIC DI AI	NC .	
	ACADEMIC PLAI	15	
Academic Programs (Please choose one.)	M.	S.Ed.	
		Child Psychology	
Biomedical Engineering M.S. Biomedical Engineering		Clinical Mental Health Counseling Early Level (PreK- 4)	
Business	_	Educational Studies - Educational Studies Classroom Assessment	s, Program Evaluation,
MBA Programs Professional MBA (evening and online, part-time/full-time)	_	English as a Second Language and Certificational Technology (online)	icate Programs
MBA Sustainable Business Practices (daytime, full-time)		Instructional Technology (online) Marriage, Couple and Family Counseling	
Specialized Master's		Reading and Language Arts School Administration K-12	
MS in Accountancy MS in Analytics and Information Management		School Counseling School Counseling for Certified Teachers	
MS in Management (online)		School Supervision	
■ MS in Sports Business (online) ■ MS in Supply Chain Management	_	Secondary Education - English Secondary Education - Latin	
Education		Secondary Education - Mathematics Secondary Education - Sciences	
Certification/Licensure Only Programs		Secondary Education - Social Studies	
■ Board Certified Behavior Analyst (BCBA) ■ Counselor Licensure		Special Education - Cognitive, Behavior, F Disabilities (PreK-8, 7-12)	Physical/Health
School Counseling Certification	_	Special Education - Community and Special	sial Education Support
☐ School Supervision ☐ TESOL Certificate	Ed		
Endorsements		Instructional Technology (online) Educational Leadership	
Autism Spectrum Disorders Endorsement		·	
Online Teaching Endorsement (online)		Counselor Education & Supervision	
Post-Master's Programs Counselor Licensure		School Psychology Special Education	
School Counseling Certification		•	
		y.D. School Psychology	

ACADEMIC PLANS

Academic Programs (Please choose one.)	Ph.D./DHCE Healthcare Ethics
Health Sciences	Music
M.H.M.S. Health Management Systems	M.M.
M.S.S.L.P. ☐ Speech-Language Pathology	☐ Music Performance ☐ Sacred Music ☐ Artist Diploma
M.P.A.S. Physician Assistant	Natural and Environmental Sciences Certificate ☐ Environmental Management
O.T.D. Occupational Therapy Post-Professional Doctorate in Occupational Therapy	☐ Environmental Science M.S.
Ph.D. ☐ Rehabilitation Science	☐ Biotechnology ☐ Environmental Science and Management
Law ☐ Foreign Lawyer LL.M General Curriculum ☐ Foreign Lawyer LL.M Bar-Track Curriculum	Ph.D. Biological Sciences Chemistry and Biochemistry
J.D. Law - Juris Doctor Law/Master of Business Administration Law/Master of Health Care Ethics Law/Master of Science in Environmental Science & Management Law/Master of Divinity Law/Master of Philosophy Liberal Arts Certificate Healthcare Ethics Interpretive and Qualitative Research Media Arts Pastoral Ministry Women's and Gender Studies	Nursing Post-Master's Certificate Family (Individual Across the Lifespan) Nurse Practitioner (online) Forensic Nursing (online) Nursing Education and Faculty Role (online) M.S.N. Family (Individual Across the Lifespan) Nurse Practitioner (online)
	□ Forensic Nursing (online) □ Nursing Education and Faculty Role (online) D.N.P □ Doctor of Nursing Practice (online) Ph.D. □ Nursing (online)
M.A. Communication & Rhetorical Studies Corporate Communication (online) (Specializations: Crisis and Risk Communication, Management Nonprofit Communication or Integrated Marketing Communication) Communication (Emphasis Areas: Communcation Studies or Rhetoric and Philosophy) Rhetoric & Philosophy of Communication Dual Degree M.A. Programs English Healthcare Ethics History Pastoral Ministry Philosophy Public History Religious Education Theology M.S. Computational Mathematics Computer Science Leadership (online)	Nursing Ethics (online) Pharmaceutical Sciences PharmD
 Multimedia Arts & Technology Digital Media Media Management Web Design and Development Ph.D. Clinical Psychology English Philosophy Rhetoric Systematic Theology 	SystemsPB-PMHPP/Master's of Healthcare Ethics

C. EDUCATIONAL BACKGROUND Previous College/University Information ______CEEB Code ______School Phone Number (_____) _____ School Name ____ School Address City ______State/Province _____Zip/Postal Code _____Country _____ _____Counselor's E-mail Address ___ Counselor's Name _____ Attended from (mm/yyyy) _____ Attended to (mm/yyyy) ____ Expected/Conferred Degree Date (mm/dd/yyyy) _____ Degree Type (Specify Undergraduate, Graduate, Doctorate, Other) Program of Study/Major or Degree/Expected/Earned ____ Have you taken the IELTS or TOEFL Exam? ☐ Yes ☐ No **D. PERSONAL INFORMATION** Have you ever been convicted, pled guilty or no contest (nolo contendere) to a crime other than a summary traffic offense? ☐ Yes ☐ No (If yes, attach a separate sheet and describe in full detail.) Are there any criminal charges presently pending against you other than a summary traffic offense? \square Yes \square No (If yes, attach a separate sheet and describe in full detail.) Are you eligible to participate in any tuition assistance programs such as SAGE, TAP, Tuition Exchange, etc.? 🔲 Yes 🔲 No If yes, please list program:_______If SAGE, what is the amount of your tuition reward? _______ List all dates you have taken or plan to take the SAT/ACT (Mo./Yr.): _____ 5. Are you a seminarian? \square Yes \square No Are you a Duquesne employee or the son or daughter of a full-time Duquesne employee? Yes No If yes, list employee's name and department: Are you a sister, brother, niece or nephew of a Spiritan Father or Brother? ☐ Yes ☐ No If yes, list relative's name and relationship: Are you a veteran? ☐ Yes ☐ No If yes, have you served at least 90 days on active duty after September 10, 2001? $\ \square$ Yes $\ \square$ No Are you the spouse of a veteran? ☐ Yes ☐ No

E. FAMILY INFORMATION				
Father/Guardian/Spouse		Mother/Guardian/Spouse _		
Address		Address		
City		City		
State/Province	Zip/Postal Code	State/Province	Zip/Postal Code	
County	Country	County	Country	
Home Phone ()	Work Phone ()	Home Phone ()	Work Phone ()	
E-mail Address		E-mail Address		
Occupation		Occupation		
List any degrees		List any degrees		

F. SIGNATURE ALL APPLICANTS: Sign and date this application below and submit a non-refundable application fee of \$50 (US) payable to Duquesne University. I understand that my continuance at the University, the receipt of academic credits, graduation, and the conferring of any degree or the granting of any certificate are strictly subject

my continuance at the University, the receipt of academic credits, graduation, and the conferring of any degree or the granting of any certificate are strictly subject to the disciplinary authority of the University, which is vested in the President, and subject to his reserved powers, in the dean of each faculty. Your signature below indicates that you have read this application carefully and that the information you have provided is correct and complete.

Signature Da	Date	·
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OFFICE OF INTERNATIONAL PROGRAMS 601 Duquesne Union • Pittsburgh, PA 15282 U.S.A. intladmissions@duq.edu Fax 412.396.5178

For Use By International Applicants Only

AFFIDAVIT OF FINANCIAL SUPPORT FORM

INSTRUCTIONS: Please PRINT or TYPE. This form has two initial parts — one for privately supported students and one for agency-supported students. Privately supported students receive financial support from their own resources, their parents, or a relative/friend. Agency-supported students receive support from a government or other agency. You need to complete only one of the first two parts (private or agency), unless you will receive support from both of these sources. All applicants, including scholarship candidates, must complete part 3.

This form must be accompanied by evidence of available finances in the form of original notarized or certified official BANK STATEMENTS, EMPLOYER'S GUARANTEE/STATEMENTS, or AGENCY FINANCIAL GUARANTEE. No uncertified photocopies can be accepted. Certified/notarized documents are those that have been stamped with a seal of authentication by an authorized official.

Be sure to sign this form after completing Part 1 OR Part 2 AND Part 3. (No immigration documents can be issued until all financial resource certifications have been received by Duquesne University.) Part 3 must be completed and notarized to make this document official.

Name of Applicant		
Last (Family Name)	First (Given Name)	Middle
Country of Citizenship	Date of Birt	
		Month / Day / Year
PART 1 — PRIVATELY SUPPORTED STUDENTS		
As the financial sponsor of the applicant whose name appears above Duquesne University and am providing evidence of available funds f	·	
Name of Sponsor		
Relationship to Sponsored Student		
Signature of Sponsor		
DateSignature and Seal of	of Notary	
PART 2 — AGENCY-SUPPORTED STUDENTS		
As the financial sponsor of the applicant whose name appears above	e, our organization will financia	lly support the applicant's study at Duquesne University.
Name of Agency		
Student's Agency Identification Number (if known)		Date
Name and Title of Agency Authorizing Official		
PART 3 — FINANCIAL RESOURCES AVAILABLE: SUMMARY STA	ATEMENT	
NOTE: Institutional compliance with U.S. law and immigration regresources to support their education. The total funds available to y costs for your degree program at Duquesne University. Duquesne wi below must match the amounts indicated on the bank statements/fi	you from all sources (whether s ill not issue immigration docum	single or combined) must meet the total of estimated academic year
1. Personal Funds Available\$	Bank Certification	☐ enclosed
2. Agency Funds Available\$	Financial Guarantee	☐ enclosed
3. Total (1 and/or 2)		
I certify that the information provided in this Affidavit of Financial Su notarized with appropriate signature and seal before submission.	pport Form is correct and com	plete. All privately supported students must have this form
Signature of Applicant		Date

OPTIONAL RECOMMENDATION FORM

Please have this form completed by an academic source at your school and return to Office of Admissions, Duquesne University, 600 Forbes Ave., Pittsburgh PA, 15282, fax to 412.396.5644, or e-mail to recommendations@duq.edu. Note: Health Sciences, Pharmacy, Forensic Science, Natural and Environmental Sciences and Nursing applicants should request a recommendation from either a science or math teacher. Applicant's Name _____ High School Name, City and State _____ Please check one column in each line to critique the applicant's character and abilities. **Excellent** Good Average **Below Average** No Basis **Character and Personality** Integrity and Values Leadership **Emotional Maturity** Extracurricular Involvement Contributions to the School/Community **Intellectual Ability and Achievement** Intellect Creativity Critical Thinking Motivation/Initiative Communication Skills Overall Evaluation and Comments: How long have you known the applicant? _____ What is your relationship to the applicant? My judgment on this individual regarding admission to Duquesne University is to: (check one) Recommend ■ Do not recommend ■ Recommend with hesitation Occupation/Title:_____ Your Name: ____ _____E-mail: _____ Address: _____

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Signature ____

_____ Date _____

Do you authorize the Disclosure/Release of this recommendation to the applicant?

Yes

No

Notice of Nondiscrimination Policy

It is the policy of Duquesne University to admit those applicants who are best qualified to profit from the opportunities it offers for intellectual, spiritual and social growth. It does not discriminate on the basis of religious preference, sex, race, color, national or ethnic origin, non-performance-related handicap or veteran's status in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletics or other University-sponsored programs.

Security Statistics, Policies and Procedures

Pursuant to the requirements of the *PA College and University Security Information Act* and the *Clery Campus Crime Statistics Act*, the annual Campus Security Report can be found on the University website at **www.duq.edu** or a copy can be requested from the University Public Safety Department at 412.396.6002. The Report contains three years of on/off campus crime statistics, the University's policy statement, a description of relevant campus programs and the procedures for reporting crimes. Daily crime logs are available for review in the Department of Public Safety by calling 412.396.6007 from 8:30 a.m. to 4:30 p.m., Monday through Friday.

