



Please identify yourself according to the following (optional):

- African American, Black     Caucasian, White     Hispanic/Latin     Puerto Rican     Multi-racial  
 Asian or Pacific Islander     Other (specify) \_\_\_\_\_  
 Native American (specify tribal affiliation or tribal affiliation number) \_\_\_\_\_

Is your native language English?  yes  no If no, what is your native language: \_\_\_\_\_

Citizenship:  U.S.  Other \_\_\_\_\_ If not a U.S. citizen, are you a permanent resident?  yes  no

If not a U.S. citizen, type of visa \_\_\_\_\_ Dual citizenship: U.S. and \_\_\_\_\_

How many years have you lived in the U.S.? \_\_\_\_\_

Place of birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

### Test Information:

**TOEFL:** Minimum acceptable score 213 (computer-based), 550 (paper-based).

(Please have scores forwarded to the Office of Graduate and Extended Learning.)

**GRE:** Date on which you have taken or plan to take the GRE or Miller Analogy Test (MAT) \_\_\_\_\_

(Please have scores forwarded to the Office of Graduate and Extended Learning.)

### Educational Information:

List below every school you have attended since you completed high school (most recent first). You must submit official transcripts for all courses taken. Have the schools send your transcripts to you, sealed in a self-addressed envelope that you have provided, and forward them to us with your application.

College or University	Degree & Date Awarded	Major	Dates Attended
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

### Additional Information desired:

List other graduate programs for which you are applying:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Recommended for Admission:

Please give the name and position of your recommender. Have him/her send the recommendation to you in a sealed, self-addressed envelope that you provide, and forward it to us with your application.

Name \_\_\_\_\_ Position and Organization \_\_\_\_\_

*I hereby state that the information contained in this application is, to the best of my knowledge, true, accurate and complete. I further assert that this material is for the sole use of Regis College in assessing my potential for admission. Application materials become the property of Regis College. They are accessible to me upon my matriculation in accordance with federal law.*

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_



Your potential is infinite. Free it.

# Letter of RECOMMENDATION

## Master's Degree Programs

### To the Applicant:

Request a recommendation from an individual able to judge your capacity for graduate-level work. Supply the information requested below; then give this form to the person. The applicant is responsible for submitting this letter of recommendation to the Office of Graduate and Extended Learning.

Applicant's name

Social Security number

Street address

City

State

Zip code

Under the provision of the Family Educational Rights and Privacy Act of 1974,

I waive my right of access to this recommendation

I retain my right of access to this recommendation

Failure to respond to this section will be considered a waiver of the right of access to this recommendation. The waiver is not required for admission.

Applicant's signature

Date

### To the Recommender:

You have been selected as a reference for the applicant named above, who is applying for admission to a Regis College Graduate Program. We would appreciate your providing us with the following information in as much detail as possible. Please use the back of this form and attach an additional sheet of paper if necessary. Thank you for your assistance.

How long and in what capacity have you known the applicant?

Describe the applicant's capacity for graduate study. Include, where possible, reference to academic abilities, attitude toward learning, professional goals and experiences. Add other areas that you believe are relevant to the applicant's candidacy.

Knowing the applicant as you do, how would you summarize your advice to the Admission Committee?

I strongly recommend that this applicant be admitted

I recommend that this applicant be admitted

I recommend with some reservation that this applicant be admitted

I do not recommend that this applicant be admitted

Please return this form to the candidate in the envelope he/she has provided or mail it directly to the Regis College Office of Graduate and Extended Learning.

Name

Signature

Date

Position

Phone

Address

Regis College Office of Graduate and Extended Learning

235 Wellesley Street ■ Weston, MA 02493-1571

Telephone: 781.768.7330 ■ Email: [graduatedepartment@regiscollege.edu](mailto:graduatedepartment@regiscollege.edu) ■ [www.regiscollege.edu](http://www.regiscollege.edu)

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and Extended  
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