
APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAM



700 NEW SCOTLAND AVENUE, ALBANY, NY 12208 / TELEPHONE 518/438-3111 FAX 518/453-1366
WWW.MARIACOLLEGE.EDU

Personal Data

Name _____
Last First Middle Other Last Names Used

Address _____ Telephone _____

City _____ County _____ Soc. Sec. # _____

State _____ Zip _____ Date of Birth _____
Month Day Year

E-Mail _____ Cell # _____

Are you currently employed? Yes No If yes, please complete the following:

Place of Employment _____ Business Telephone _____

Business Address _____

City _____ State _____ Zip _____

Application Data

Anticipated Admission: Fall 20____ Spring 20____ Summer 20____
Status Applied For: Full Time Student Part Time Student Transfer Student
 Day Evening Weekend

Certificate Program Applied For:

Bereavement Studies ____ Gerontology ____ *Legal Assistant ____ *Practical Nurse ____ Teaching Assistant ____

Educational Data:

High School/College
(List ALL Attended)

(Submit highest level transcripts; * for Legal Assistant and Practical Nurse, please submit ALL transcripts)

Location	Dates of Attendance	Degree or No. Credits
_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____

Please check if you hold an equivalency diploma. If so, please request the State Board of Education to send an official certificate to the Admissions Office.

Educational Data *(continued)*

Why are you applying to this program? _____

Do you have a disability that may affect your educational performance? Yes No

Person to be contacted in case of emergency:

Name *Address* *Telephone*

If any members of your family have attended or are now attending MARIA COLLEGE, please state name, relation to you, program and dates of attendance:

Name _____
Relationship *Program* *Dates of Attendance*

Name _____
Relationship *Program* *Dates of Attendance*

Financial Data

To whom should bills and reports be sent?

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

**To complete application, sign below and return to Maria College
Office of Admissions with a \$35.00 non-refundable application fee.**

I certify that the information submitted herein is complete and true. I agree that if accepted for admission, I shall comply with all rules and regulations of MARIA COLLEGE and assume full responsibility for payment of all necessary college expenses.

Date of application

Signature of Applicant

Maria College does not discriminate against any person for any reason, including race, national origin, color, religion, age, sex or disability.
