



TOURO COLLEGE BERLIN
DIVISION OF GRADUATE STUDIES

Applicant Cover Sheet & Check List

Please include this form with your application.

Last name: _____ First name: _____ Middle name: _____

Program

Master's Advanced Certificate

Refer to the Directory of Programs on p.8 to obtain the codes below:

Program Code Specialization Code (if applicable) Location Code Program Title _____

YES NO Please check "YES" for each item that is included in your application.

- YES NO **Application for Admission.**
- YES NO **Application Fee.**
- YES NO **Official Transcripts.**
- YES NO **Translations of Foreign Transcripts.**
- YES NO **Credential Evaluation of Foreign Transcript, if necessary.**
- YES NO **Recommendation Letters.** Please list the names of recommenders and indicate whether their recommendations are enclosed.
 - 1. _____ Enclosed: Yes No
 - 2. _____ Enclosed: Yes No
 - 3. (if applicable) _____ Enclosed: Yes No
- YES NO **Supplemental Application Form.**
- YES NO **Admission Test Score Report.**
- YES NO **English Language Test Score Report.**
- YES NO **Additional Requirements.** I have included all additional documents necessary for the program to which I am applying, as described in the *Additional Requirements* section, for example, essays, résumés, copies of professional certification.

Signature: _____ Date: _____

Reminder: It is your responsibility to complete your application with all supporting material by the deadline.

ACADEMIC BACKGROUND

List all postsecondary institutions attended, including Touro College if applicable. List the most recent first. Use a supplemental sheet if needed.

Name of Institution	City, State	Dates of Attendance (mm/yy)	Degree (BA, MS, etc)	Date of degree award (mm/yy)	Cumulative GPA (4.0 scale)
_____	_____	From _____ To _____	_____	_____	_____
_____	_____	From _____ To _____	_____	_____	_____
_____	_____	From _____ To _____	_____	_____	_____

If you are transferring from another college or university, indicate your reason(s) for leaving.

Have you ever been under academic discipline, probation, or suspension, or been asked to withdraw from any school or college? If yes, explain.

Has your college, university, graduate or professional school course been interrupted for one or more semesters? If yes, explain why and indicate how you have spent this interval.

STANDARDIZED TESTS

Refer to the 'Additional Requirements' section on p.6-7 to find out if your intended program requires standardized tests.

Test	Date of Test (mm/yyyy)	Score			
GMAT	_____	Total _____			
GRE	_____	Verbal _____	Quant. _____	Analytical Writing _____	
TOEFL	_____	Total _____	Format: <input type="checkbox"/> Internet <input type="checkbox"/> Computer <input type="checkbox"/> Paper		
IELTS	_____	Total _____			

PROFESSIONAL BACKGROUND

Do you hold any professional certification? Yes No If yes, provide the following details:

Title	Issued by	Date issued	Date of expiration
_____	_____	_____	_____
_____	_____	_____	_____

List your most recent professional experience below. Use a supplemental sheet if more space is needed.

Position	Employer	Address	Dates
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

SPECIAL DEMOGRAPHIC DATA

The information requested below is being collected from U.S. citizens and permanent residents to meet research and federal reporting requirements. It is confidential and will be released only as statistical summaries in which individuals are not identified. Response is voluntary. The information has no bearing on either admission or academic decisions.

- Are you Hispanic or Latino? Yes No
- Please choose one or more of the following groups to describe your race:
 - American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 - Asian White
 - Black or African American

STATEMENT OF CERTIFICATION

I certify that all information supplied in this application is true and complete to the best of my knowledge. I understand that withholding or giving false information will make me ineligible for admission to Touro College. I also understand that the application fee may not be waived nor is it refundable, and that the application and supporting documents become the property of Touro College and cannot be returned.

 Signature: _____ Date: _____

Touro College does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.



TOURO COLLEGE BERLIN
DIVISION OF GRADUATE STUDIES

Recommendation Form

TO THE APPLICANT:

Complete the section below and send this form to your recommender with a self-addressed and stamped envelope.

Name: _____
First Last (Family) Middle

Program to which you are applying _____

Under the Family Educational Rights and Privacy Act of 1974, you have the right to review your official College student records. If you wish to waive that right in the case of this recommendation please sign here. Your waiver will in no way affect the decision on your application.

Signature: _____ Date: _____

TO THE RECOMMENDER:

We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

Using the chart and questions below, please assess the applicant's potential as a graduate student. Your evaluation will be most helpful if your comments are as specific and candid as possible. Feel free to provide a more detailed evaluation of the candidate in an attached letter, if you prefer. The applicant has been given the option to waive the right to review this recommendation (see above).

Please keep in mind that the applicant cannot be considered for admission until your recommendation is on file. Once you have completed this form, return it and any attachments to the applicant in an envelope, which you should seal and sign across the flap.

The applicant will return the sealed envelope with the completed application to Touro College.

EVALUATION CHART

Please rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

	Upper 10%	Upper 25%	Upper 50%	Lower 50%	Unable to judge
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT QUESTIONS

1. In what capacity and for how long have you known the applicant? (give dates, if possible)

2. In comparison to his/her peers, has the applicant used his/her abilities to their maximum potential?

3. If you would like to submit a more detailed recommendation please include a letter on your official letterhead along with this form.

OVERALL OPINION

Please check one:

- I recommend the applicant with confidence.
- I recommend the applicant with reservations.
- I do not recommend the applicant.

My reservations are:

 Signature of Recommender: _____ Date: _____

Name (type or print) _____ Title _____

Organization _____

Address _____
Number and Street *Apartment*

City *State* *Zip*

RETURN THIS FORM TO THE APPLICANT. SEAL AND SIGN THE FLAP OF THE ENVELOPE.

THANK YOU!



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Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OVERALL OPINION

Please check one:

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- I recommend the applicant with reservations.
- I do not recommend the applicant.

My reservations are:

 Signature of Recommender: _____ Date: .. _____

Name (type or print) _____ Title _____

Organization _____

Address _____
Number and Street *Apartment*

City _____ State _____ Zip _____

RETURN THIS FORM TO THE APPLICANT. SEAL AND SIGN THE FLAP OF THE ENVELOPE.

THANK YOU!



TOURO COLLEGE BERLIN
DIVISION OF GRADUATE STUDIES

Transcript Request Form

This form is only for use within the U.S.

APPLICANT:

Please fill out this form and forward it to your previous college or university. A transcript must be submitted from each college or university previously attended. You may photocopy this form. Please be sure to send this request early enough to ensure that the transcript will be returned to you in a timely manner.

Note: You must comply with the policy of each institution regarding transcript release regulations and fees.

REGISTRAR:

The person below is applying to the Division of Graduate Studies of Touro College. Please enclose this form together with an official transcript. After sealing the envelope, please sign across the seal and return it to the applicant so that it can be included with his/her application package. If it is against the policy of your institution to release official transcripts to students, please send the transcript directly to Touro College at the address given at the bottom of this form.

Name: _____
First Last (Family) Middle

U.S. Social Security Number _____ Date of Birth _____

Date of Enrollment _____ to _____ Degree _____ Graduation Year _____

I hereby request that my transcript be sent to my address in the envelope that I have provided with this form:

Signature of Applicant: _____ Date: _____

Touro College, Office of Admissions, 43 West 23rd St, New York, NY 10010



TOURO COLLEGE BERLIN
DIVISION OF GRADUATE STUDIES

Application Fee Payment Form

This form is only for use within the U.S.

NAME

Last (Family) First Middle

ADDRESS

Number and Street Apartment City State Zip

I have enclosed a check in the amount of \$50 payable to "Touro College."

I have provided credit card details below.

Name on card _____

Type of card: (only these accepted)

VISA MasterCard Discover Card number _____

Exp. _____ V Code (last 3 digits on the signature line) _____
mm/yyyy

Amount to be charged: **\$50.00**

I, _____ authorize Touro College to charge my credit card as stipulated above.
(Print Your Name)

Signature of Applicant: _____ Date: _____



Supplemental Application Form

ESSAYS

Applicants must submit **two** essays (see below). Essays must be typed, double-spaced, using a 12-point font, limited to 500 words, and submitted with your application.

ESSAY ONE – Please answer either (a) or (b):

- (a) Describe a significant accomplishment in your life that has influenced an organization with which you have recently been or are currently affiliated. Discuss the impact this accomplishment had on the organization and how this experience was valuable to you or others.
- (b) How do you imagine your life five years from now? Think not only about employment issues but also other areas of your life. Suggested issues might include family, relationships, hobbies, spiritual needs, exercise, health, or any other matter.

ESSAY TWO

Why do you wish to pursue a graduate degree at this time and how do you hope your studies will help you in pursuing your career?

INTERVIEW

Candidates may be interviewed either in person or via the telephone, depending upon the circumstances.



**TOURO COLLEGE BERLIN
GRADUATE SCHOOL OF BUSINESS**

Am Rupenhorn 5, 14055, Berlin | T: 030.300.686-0 | F: 030.300.686-39 | office@touroberlin.de | www.touroberlin.de

Application Fee Payment Form

The application processing fee is 50€ which is non-refundable. It is payable by bank transfer to the account of Touro College Berlin at

**Commerzbank Berlin, Account no. 270034202
BLZ bank code 100 400 00**

IBAN DE45100400000270034202

BIC COBADEFF

Applications cannot be reviewed or processed until payment is received.

Name:

Address:
