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.
☐ Application for Admission.
☐ Application Fee.
☐ Official Transcripts.
☐ Translations of Foreign Transcripts.
☐ Credential Evaluation of Foreign Transcript, if necessary.
☐ 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

☐ Supplemental Application Form.
☐ Admission Test Score Report.
☐ English Language Test Score Report.

☐ 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.
TOURO COLLEGE BERLIN
DIVISION OF GRADUATE STUDIES

Application for Admission

APPLICATION FOR:

Program
☐ Master's ☐ Advanced Certificate

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

<table>
<thead>
<tr>
<th>Program Code</th>
<th>Specialization Code (if applicable)</th>
<th>Location Code</th>
<th>Program Title</th>
</tr>
</thead>
</table>

Semester
☐ Fall ☐ Spring ☐ Summer

Year
20

☐ Part-time ☐ Full-time

PERSONAL INFORMATION (Type or neatly print)

Name:
Last (family) __________________________ First __________________________ Middle __________________________

If transcripts, test scores, or other documents are under another name, give name __________________________

Date of Birth ______/_____/______ U.S. Social Security Number __________________________

Gender ☐ Female ☐ Male

Have you previously applied to Touro College? ☐ Yes ☐ No If yes, Year __________ Program __________________________

PERMANENT ADDRESS

Number and Street __________________________ Apartment __________________________

City __________________________ State __________________________ Zip __________________________ Country __________________________

E-mail __________________________ Home Phone __________________________ Cell Phone __________________________

MAILING ADDRESS

(if different from above) Number and Street __________________________ Apartment __________________________

City __________________________ State __________________________ Zip __________________________ Country __________________________

CITIZENSHIP/RESIDENCY INFORMATION

Are you a resident of New York State? ☐ Yes ☐ No If yes, since when? __________________________

Country of citizenship __________________________ Country of birth __________________________

Are you a U.S. permanent resident? ☐ Yes ☐ No If yes, Alien Registration # __________________________

If you are a temporary resident, indicate visa type __________________________

Will you be attending Touro College on a student visa (F-1)? ☐ Yes ☐ No
ACADEMIC BACKGROUND

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

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City, State</th>
<th>Dates of Attendance (mm/yy)</th>
<th>Degree (BA, MS, etc)</th>
<th>Date of degree award (mm/yy)</th>
<th>Cumulative GPA (4.0 scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Test</th>
<th>Date of Test (mm/yyyy)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMAT</td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>GRE</td>
<td></td>
<td>Verbal</td>
</tr>
<tr>
<td>TOEFL</td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>IELTS</td>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

PROFESSIONAL BACKGROUND

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Issued by</th>
<th>Date issued</th>
<th>Date of expiration</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Employer</th>
<th>Address</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>From</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>From</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To</td>
</tr>
</tbody>
</table>

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.

1. Are you Hispanic or Latino? □ Yes □ No

2. 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.
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.

<table>
<thead>
<tr>
<th></th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>Unable to judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation/Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 _________________________________________

City __________________________ State _____________ Zip __________

Number and Street ______________________________________ Apartment __________

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

THANK YOU!
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.

<table>
<thead>
<tr>
<th></th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>Unable to judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation/Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15
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!
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. mm/yyyy ___________________________

V Code (last 3 digits on the signature line) ___________________________

Amount to be charged: $50.00

I, ___________________________ authorize Touro College to charge my credit card as stipulated above.

Signature of Applicant: ___________________________ Date: ___________________________

17
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.
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 DE4510040000270034202
BIC COBADEFF

Applications cannot be reviewed or processed until payment is received.

Name:

Address: