

INSTRUCTIONS FOR APPLYING FOR THE SCHOOL DISTRICT BUSINESS LEADER, POST MASTER'S DEGREE, ADVANCED GRADUATE CERTIFICATE PROGRAM

BEFORE SUBMITTING YOUR APPLICATION, MAKE SURE YOU COMPLY WITH ALL OF THE INSTRUCTIONS ON THIS PAGE.

1. On your application, provide us with a primary email address. Please print clearly.
2. Complete the "Student Application/Information Sheet"
3. Complete the "Application for Admission to an Advanced Graduate Certificate Program." Be sure to include the **PERSONAL ESSAY (REQUIRED ATTACHMENT)**.
4. Three (3) letters of recommendation, One (1) from the CEO, COO, or CFO (or his or her designee) and at least two (2) must be from corporate or other supervisory personnel or administrators who have a thorough knowledge of whether you have the temperament and disposition to become an effective leader. Write your name and address on three #10 Business-size envelopes and give one along with the recommendation form to each person who will be preparing a recommendation for your application file. Instruct each person to enclose the completed recommendation in the envelope. The recommendation should be returned to you in a sealed envelope with the signature of recommender across the seal. **DO NOT BREAK THE SEAL.** If we receive a recommendation envelope that has been opened, the contents will be disqualified. **Be sure to have all three letters of recommendation included inside your application packet when returning it to Stony Brook University. DO NOT HAVE THEM SENT SEPARATELY.**
5. A letter from your employer stating that you have had three (3) years of full-time administrative, supervisory and business-related experience.
6. Attach a \$100 application fee. Payment by check (make check payable to Stony Brook University) or money order.

ALL OF THE ABOVE ITEMS MUST BE KEPT TOGETHER AND RETURNED TO THE ADDRESS EXACTLY AS LISTED BELOW. INCOMPLETE PACKETS WILL BE RETURNED TO SENDER.

Attn: Bryan Carroll SDBL Admissions Coordinator
School of Professional Development
SBS Building, Rm. N-241
Stony Brook University
Stony Brook, NY 11794-4310 (must include last 4 digits of zip code)

7. Arrange to have an **official** transcript sent from the college or university where you earned one of the following **Master's Degrees: MBA, MS in Management, MS in Finance or Accounting or an MPS with a concentration in Human Resource Management.** If possible, you may include official transcripts in the above packet. Keep them unopened, in the original envelope. This will speed up the processing of your application. Otherwise, have the college or university where you obtained your degree send them directly to the above address.

Complete the Student Health Immunization Form. You must demonstrate proof of immunity to measles, mumps and rubella in compliance with New York State Public Health Law 2165. The form contains instructions for completion. Do **NOT** send completed Student Health Immunization Form to the School of Professional Development. Mail directly to:

Director of Student Health Service
Stony Brook University, Stony Brook, NY 11794-3191

When SPD has received your completed application and your official transcripts, you will be notified regarding your admission status into the Advanced Graduate Certificate Program.

SPD STUDENT APPLICATION/INFORMATION SHEET

INSTRUCTIONS

1. Type or print carefully in black or blue ink.
2. Attach \$100 application fee (degree/advanced certificate matriculated status) payable by check ("Stony Brook University") or credit card (complete authorization form).
3. Sign and date form at the bottom where indicated.

School of Professional Development (SPD)
SBS Building, N-201
Stony Brook, NY 11794-4310
TEL 631.632.7050, Option 3
FAX 631.632.9046
Email: SPD@stonybrook.edu

Maiden Name/other name under which records may be found

Last or Family Name	First Name	M.I.

Semester for which you are applying: Fall 20____ Spring 20____

Where did you earn your baccalaureate degree? _____ When? _____

For admission, degree must have been conferred by an accredited institution.

Have you ever taken courses at Stony Brook University? No____ Yes____ If yes, indicate Major/Degree _____

Have you ever been dismissed from Stony Brook University? No____ Yes____ If yes, please explain on a separate sheet.

PERSONAL DATA

MM/DD/YY Birth Date	F = Female M = Male Gender	D = Divorced M = Married Q = Separated S = Single W = Widowed N = Prefer not to answer Marital Status	A = Asian B = Black (not Hispanic) H = Hispanic I = American Indian W = White (not Hispanic) N = Prefer not to answer *Ethnic Code

V = Veteran without benefits
B - Veteran with benefits

Veteran Code	PT/FT Status	Citizenship Code

- 1 = United States Citizen
- 2 = Permanent Resident or bona fide refugee⁺
- 3 = Non-immigrant F-1 student
- 4 = Non-immigrant F-2 or J-2 student
- 5 = Non-immigrant J-1 student, exchange visitor
- 6 = Non-immigrant, NYS resident pending
- 7 = Undocumented alien
- 8 = Non-immigrant, other
- 9 = Applied Permanent Resident/Refugee, Non-Resident

The following refers to #2 Permanent Resident or bona fide refugee⁺

1. US Permanent Resident Number _____
2. Date of Entry _____
3. Attach copy of Alien Registration (Green) Card

For categories #2-9 of "Citizenship Code", indicate country of citizenship.

Country of Citizenship

PERMANENT HOME ADDRESS

NUMBER AND STREET		
CITY		
STATE	ZIP+4	
AREA CODE	HOME PHONE NUMBER	COUNTY, IF NYS RESIDENT
EMAIL ADDRESS		

APPLICATION PAYMENT

- check or money order
- credit card

(For Office Use Only)
ACTION TAKEN

I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge.

SIGNATURE OF STUDENT

DATE

Admission to the Stony Brook University is based on the qualifications of the applicant, without regard to sex, race, age, color, creed, national origin, sexual orientation, disability or handicap.

*This information is required for recruitment and statistical reporting purposes.

FOR OFFICE USE ONLY

PEC 5/00	Ent Date	Sem Status Code	Classification Code	Major	Major Sfx	ETR Status	S Geographic Codes	C

SCHOOL OF PROFESSIONAL DEVELOPMENT

Ward Melville Social and Behavioral Sciences Building, Room N-201
 State University of New York at Stony Brook
 Stony Brook, NY 11794-4310

TEL: 631.632.7050 • FAX: 631.632.9046 • EMAIL: SPD@sunysb.edu

Application for Admission to Advanced Graduate Certificate Programs
 School District Business Leader

Please print clearly or type. Be sure to complete and sign application on second page and attach your statement.

Name: _____
Last First M.I.

Other name under which records may be found: _____

Address: _____
Number & Street City State/County Zip

Home Phone:(____)_____ Work Phone:(____)_____ Email: _____

Date of Birth:_____ Citizenship:_____ Gender: (answer optional) Female Male

Full-time study (12 credits a semester) Part-time study (less than 12 credits a semester)

Admission Requested For:
 Fall 20____ Spring 20____ Summer 20____

Have you applied to graduate study at Stony Brook before? No Yes
 If yes, for which semester? _____ For which program? _____

Were you admitted? No Yes _____ Did you enroll in classes? No Yes
(date admitted)

EDUCATION (List in chronological order all colleges and universities attended since high school.)
 This program requires one of the following Master's degrees for admission: MBA, MS in Management, or MS in Finance.

Institution	Dates of Attendance From To	Major	Degree or Credits Earned

EMPLOYMENT (include military service; omit summer and part-time work)

Employer	Occupation/Title	Inclusive Dates To Present

GRADE POINT AVERAGE (Use scale of A = 4 points)

_____ Undergraduate degree to date _____ Graduate degree to date
 _____ Major _____ Major

If you are applying or intend to apply for financial aid (loans, work-study, employment, etc.) please submit a **Financial Aid Form** and **Stony Brook Institutional Application**. These forms are available on the web at: www.sunysb.edu (click on "Financial Aid") or by writing to the address below:

Financial Aid Office, Administration Bldg.—Room 230, Stony Brook University, Stony Brook, NY 11794-0851

Specify any private or public agencies, including veterans' benefits and New York State Regents awards, to which you are applying for financial support, OR indicate "None". _____

PERSONAL ESSAY (REQUIRED ATTACHMENT)

Since more than scholastic aptitude is involved in admission to an AGC program, it will be helpful if you write about yourself. Please attach your statement (**no more than two**, double-spaced, typewritten pages). We would like to know about special qualifications over and above those already cited on this application, your experience relative to the program to which you are applying, your philosophy of leadership, and how this certificate will help advance both your professional and personal goals.

If you wish to identify yourself as a member of an ethnic/racial group, please indicate below:

White, non-Hispanic Hispanic Black, non-Hispanic Asian/Pacific Islander American Indian/Native Alaskan

This information is requested for recruitment and statistical purposes. Admission to the State University of New York at Stony Brook is based on the qualifications of the applicant, without regard to sex, race, age, color, creed, national origin, disability or handicap.

I hereby certify that the information given by me on this application is complete and accurate. I understand that any misrepresentation may be cause for denying admission or permission to register at any time.

Signature of Applicant

Date

School of Professional Development
 State University of New York at Stony Brook
 Stony Brook, NY 11794-4310
 Recommendation Form for the SDBL Program

The following section is to be completed by the applicant.

Name: _____
Last First M.I.

Address: _____
No. & Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

Semester Fall 20__ Spring 20__ Summer 20__

I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act of 1974. I hereby DO WAIVE my right of access to this recommendation.

Signature of Student Date

Writers of recommendations are requested to write a statement which comments on the candidate's ability to carry on advanced studies in his/her discipline and assesses the candidate's ability to become an effective administrator. A careful discrimination between strong and weak characteristics will be more helpful than routine praise. If additional space is needed, please attach a separate page. Thank you.

Please rate the applicant in comparison with others of his/her age and position whom you have known within the past five years. If possible indicate the number of students with whom you are comparing him/her. _____

	Upper 1-2%	Upper 10% but not upper 1-2%	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower half	No basis for judgment
Academic Performance						
Intellectual Ability						
Ability to Express Him/Herself						
Motivation for Proposed Field of Study						

Would you admit the applicant to your department? Assuredly Probably Possibly No

Signature _____

Print Name _____ Date _____

Position _____ Address _____

School of Professional Development
 State University of New York at Stony Brook
 Stony Brook, NY 11794-4310
 Recommendation Form for the SDBL Program

The following section is to be completed by the applicant.

Name: _____
Last First M.I

Address: _____
No. & Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

Semester Fall 20__ Spring 20__ Summer 20__

I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act of 1974. I hereby DO WAIVE my right of access to this recommendation.

Signature of Student Date

Writers of recommendations are requested to write a statement which comments on the candidate's ability to carry on advanced studies in his/her discipline and assesses the candidate's ability to become an effective administrator. A careful discrimination between strong and weak characteristics will be more helpful than routine praise. If additional space is needed, please attach a separate page. Thank you.

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Academic Performance						
Intellectual Ability						
Ability to Express Him/Herself						
Motivation for Proposed Field of Study						

Would you admit the applicant to your department? Assuredly Probably Possibly No

Signature _____

Print Name _____ Date _____

Position _____ Address _____

School of Professional Development
 State University of New York at Stony Brook
 Stony Brook, NY 11794-4310
 Recommendation Form for the SDBL Programs

The following section is to be completed by the applicant.

Name: _____
 Last First M.I

Address: _____
 No. & Street City State Zip

Home Phone: () _____ Work Phone: () _____ Email: _____

Applying to (circle one): SDL SBL Semester Fall 20__ Spring 20__ Summer 20__

I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act of 1974. I hereby DO WAIVE my right of access to this recommendation.

 Signature of Student Date

Writers of recommendations are requested to write a statement which comments on the candidate's ability to carry on advanced studies in his/her discipline and assesses the candidate's ability to become an effective administrator. A careful discrimination between strong and weak characteristics will be more helpful than routine praise. If additional space is needed, please attach a separate page. Thank you.

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Academic Performance						
Intellectual Ability						
Ability to Express Him/Herself						
Motivation for Proposed Field of Study						

Would you admit the applicant to your department? Assuredly Probably Possibly No

Signature _____

Print Name _____ Date _____

Position _____ Address _____

Health Form - Part Time Students



STATE UNIVERSITY OF NEW YORK

When Completed, Mail Directly to:
Director, Student Health Service
Stony Brook University
Stony Brook, New York 11794-3191

Student Health Service
Tel: (631) 632-6740
TDD: (631) 632-6171
Fax: (631) 632-6936

Name _____ ID# _____
(Print) Last First Middle

Home Address _____ () _____
Number and Street City/Town State Zip Code Home Telephone

E-mail Address _____ () _____
Cell Phone

Emergency Contact _____ Relationship _____ () _____
Phone

New York State Public Health Law and Stony Brook University Policy require that **all** students (Undergraduate, Transfer, Graduate, SPD students, Certificate Program students, and Distance Learners) return a completed immunization form.

- **Students born before 1957 are exempt from the Measles, Mumps, and Rubella vaccine requirement.**

Immunization information can be obtained from the following sources: Your private medical practitioner, high school health office, previous college health service (transfer students), or infant records held by parents that are signed by a physician. **Have your physician's office complete the enclosed Immunization Form and return it to the Student Health Service before the first day of classes. It is important that we receive the immunization information before that date so your form can be processed early to avoid registration / de-registration problems.**

PART I—REQUIRED IMMUNIZATION INFORMATION	DATE OF BIRTH: _____ / _____ / _____ month day year
Please have your physician complete either Section I and/or Section II and sign.	
SECTION I List TWO dates of “MMR” (Measles, Mumps, Rubella) vaccine inoculation: _____ and _____ (Two doses of live vaccine administered on or after the first birthday after 1/68) OR attach a copy of an immunization record signed by a practitioner.	
SECTION II A: MEASLES—complete ONE of the following: 1. TWO dates 30 days apart of Measles vaccination: _____ and _____ (Live vaccine administered on or after the first birthday after 1/68) 2. Approximate date of Measles infection (disease): _____ 3. Date of blood test for Measles Immunity: _____ Results _____ Pos/Neg/Equiv	
B: MUMPS—complete ONE of the following: 1. ONE date of Mumps vaccination: _____ (Live vaccine administered on or after the first birthday after 1/69) 2. Approximate date of Mumps infection (disease): _____ 3. Date of blood test for Mumps Immunity: _____ Results _____ Pos/Neg/Equiv	
C: RUBELLA (German Measles)—complete ONE of the following: 1. ONE date of Rubella vaccination (live vaccine): _____ 2. Date of blood test for Rubella Immunity: _____ Results _____ Pos/Neg/Equiv	
Physician's Signature/Stamp _____	Date _____