

# Graduate Application

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*for Admission*

*Please use this application for all graduate degree and certificate programs in the:*

- Frank J. Rooney School of Adult and Continuing Education
- College of Arts and Sciences
- Andreas School of Business
- Adrian Dominican School of Education
- College of Health Sciences
- School of Human Performance and Leisure Sciences

*where you belong*



**BARRY**  
UNIVERSITY

**DIVISION OF ENROLLMENT MANAGEMENT**

11300 NE Second Avenue  
Miami Shores, FL 33161-6695  
admissions@mail.barry.edu

Office of Admissions: 305-899-3100  
Office of Financial Aid: 305-899-3673  
Toll-free Admissions and Financial Aid: 800-695-2279  
Fax: 305-899-2971

**To obtain applications for  
all other programs, contact:**

Office of Admissions  
11300 NE Second Avenue  
Miami Shores, FL 33161-6695

You may also apply online at:  
[www.barry.edu/gradapply](http://www.barry.edu/gradapply)

[www.barry.edu](http://www.barry.edu)

## GENERAL INFORMATION

1. You may be admitted to graduate studies at Barry University in any of Barry's nine schools: Adult and Continuing Education, Arts and Sciences, Business, Education, Health Sciences, Human Performance and Leisure Sciences, Law, Podiatric Medicine, and Social Work.
2. Graduate degrees are granted at the master's, specialist, and doctoral levels.
3. Teacher certification/recertification programs are available in a number of content areas.
4. Admission to a degree program is based on academic performance in all work from regionally accredited or internationally listed colleges or universities, submission of the appropriate entrance exam scores when required, and additional requirements as specified by the department to which you are applying.
5. An admission decision cannot be reached until your file is current and complete.
6. It is your responsibility to ensure that all required credentials are forwarded to the Office of Admissions.
7. Questions regarding the application process may be directed to:  
Office of Admissions  
305-899-3100 or 800-695-2279  
Fax: 305-899-2971  
E-mail: gradadmissions@mail.barry.edu

## ADMISSION PROCESS

1. The admission process begins when the application and application fee are received in the Office of Admissions.
2. Upon receipt, an acknowledgement will be sent to you.
3. The following documents must also be submitted: all transcripts, required recommendations, statement of purpose, entrance exam scores (if applicable), teaching certificate (if applicable), and licensure (if applicable). A resume and/or personal interview may also be required by some schools.
4. When all necessary documentation is received, the file will be forwarded to the appropriate school.
5. A decision will be rendered by the school.
6. After a decision is made, a message will be posted at your MyBarry account ([www.barry.edu/mybarry](http://www.barry.edu/mybarry)), and you will be notified by letter.

## APPLICATION INSTRUCTIONS/ INFORMATION

1. Send all documents related to your application to the Office of Admissions.
2. Your Social Security number should appear on all documents, including checks for application fees and deposits. This number is used for identification purposes only.
3. Notify the Office of Admissions immediately if your name, address, or phone number changes.
4. All credentials become the property of the University and cannot be copied or returned.
5. To check on the status of your application, please call 305-899-3100 or 800-695-2279.

## DEADLINES

Complete applications should be received at least one month prior to the anticipated starting date. Specific deadlines apply for certain degree programs. You may obtain specific deadline information from each school.

## APPLICATION FEE

1. Print your name and Social Security number on your check or money order.
2. You must submit the application fee, in U.S. funds, with the application.
3. The \$30 application fee (waived for Barry alumni) is a processing fee and is nonrefundable.

## TRANSCRIPTS

1. If you are a Barry graduate, you need not request Barry University transcripts.
2. If you are currently a Barry student, you must inform the Office of Admissions when your degree has been posted to the transcript.
3. Use of Transcript Request Forms (included) will expedite receipt and processing of transcripts. All transcripts must be official.
4. Transcripts in your possession will not be accepted unless in an official envelope sealed by the institution issuing the transcripts.
5. Transcripts showing degree(s) earned must be from a regionally accredited U.S. institution or a recognized international institution.
6. Transcripts received from non-U.S. institutions must be translated and evaluated by a recognized agency. (For a list of recognized agencies, contact the Office of Admissions or refer to [www.naces.org/members.htm](http://www.naces.org/members.htm).) This is your responsibility. The translation/evaluation supplements the official document, but does not replace it. Original official transcripts are required for admission.

7. If credits have been transferred from one college to another, transcripts must still be forwarded from the college of origination.

## ADMISSION STATEMENT

1. On a separate sheet of paper, state as specifically as possible: (a) your reasons for selecting Barry University; (b) your professional plans upon completion of your degree; and (c) any information you believe will help the Admissions Committee in the evaluation your application. (Nursing and anesthesiology applicants, please refer to your respective supplement.)
2. Please attach your typed statement of purpose to the application.
3. Include your name, Social Security number (for identification purposes), desired program, and page number on each page.

## LETTERS OF RECOMMENDATION

1. Recommendations should be on the forms provided or on the recommender's business letterhead. Letters on plain paper will not be accepted.
2. Recommendations should be sent directly from the person writing the recommendation to the Office of Admissions.
3. References will be verified at random by the Office of Admissions.

## DISABILITY STATEMENT

Barry University provides reasonable academic accommodations in compliance with all federal and state laws. If you require accommodations for preadmission meetings, contact the Office of Admissions. Upon acceptance to the University, you may contact the Office of Disability Services by voice/TDD (305-899-3488), fax (305-899-3056), or e-mail ([disabilityservices@mail.barry.edu](mailto:disabilityservices@mail.barry.edu)) to arrange for any accommodations you may require and to submit appropriate documentation. Additional information can be found at [www.barry.edu](http://www.barry.edu).

## CHECKLIST OF REQUIRED ITEMS

1. Complete application
2. Application fee (as required)
3. ALL official transcripts
4. GRE/MAT or other test scores (as required)
5. Letters of recommendation
6. Statement of purpose
7. License or teaching certificate (as required)

# Graduate Programs

For Office Use Only  \$30  FW  NM

Please mail the application and \$30 nonrefundable processing fee (waived for Barry alumni) to the Office of Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695 • 305-899-3100 • Toll-free 800-695-2279 • Fax 305-899-2971

## SECTION ONE

**PERSONAL INFORMATION** *(Please print or type)*

Legal Name \_\_\_\_\_  
*Last* *First* *Middle*

Indicate all other names (married, maiden, adoptive) which may appear on your credentials \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

Citizenship \_\_\_\_\_ Resident Alien Number \_\_\_\_\_  
*(Please include photocopy of both sides of Resident Alien card)*

Social Security Number\*\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Barry ID Number \_\_\_\_\_  
*(used for identification purposes only)*

Gender†  Male  Female Birthplace† \_\_\_\_\_ Birthdate† \_\_\_\_\_

If you wish to be identified as a member of a racial/ethnic group, please indicate which group.†

- American Indian or Alaskan Native  Asian or Pacific Islander  Black or African American  Hispanic  White/Caucasian  
 Other \_\_\_\_\_

**INTENDED PROGRAM**

To complete the information below, please consult the enclosed Graduate Programs insert.

Intended School \_\_\_\_\_ Intended Program \_\_\_\_\_

Intended Degree \_\_\_\_\_ Location \_\_\_\_\_

Intended Concentration/Subspecialty/Track (if applicable) \_\_\_\_\_

**GENERAL INFORMATION**

Expected Entry Date: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer I 20\_\_\_\_ Summer II 20\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_

Have you attended Barry University before?  Yes  No Dates of Attendance \_\_\_\_\_

Full name at time of attendance \_\_\_\_\_

How did you hear about this program at Barry University? \_\_\_\_\_

\*Separate applications are required for: Non-degree/Guest Status; Anatomy, MS; Clinical Medical Science (Physician Assistant), MCMS; Social Work, MSW; Doctor of Podiatric Medicine, DPM; Juris Doctor, JD; Counseling, PhD; Curriculum and Instruction, PhD; and Leadership and Education, PhD. For these applications, please contact the Office of Admissions or refer to [www.barry.edu/gradapply](http://www.barry.edu/gradapply).

\*\*Be advised that the requested disclosure of your Social Security number is voluntary. All Barry applicants will be assigned a seven-digit identification number. The Social Security number will be used as a cross-reference identification number only. It will not be used to identify student records such as grade reports or permanent academic records, nor to certify school attendance and report student status. If you wish to apply for federal or state grants, loans, and other financial aid programs you must to supply the Social Security number. Your Social Security number will not be disclosed to individuals or agencies outside Barry University except in accordance with Barry University policy on student records.

†Birthplace and birthdate are required for international applicants in order to complete an I-20 student visa application form. For all other applicants, the information gathered concerning birthplace, birthdate, gender, or racial/ethnic group will be used for administrative and reporting purposes only. You are not required to answer these questions, and refusal to answer them will not affect admission. Any information you give in answer to these questions will be kept confidential.

## SECTION TWO

### EDUCATIONAL BACKGROUND

List all colleges and professional schools attended. It is your responsibility to request that **an official transcript from each school be sent directly to the Barry University Office of Admissions**. If a degree is pending, request one transcript to be forwarded immediately and one when the **degree is posted** on the transcript. Use an extra sheet for additional information.

Name, city, state, country of institution(s) attended (Do not use acronyms)	Dates of Attendance	Degree	Date Received/Expected
	From  To		
	From  To		
	From  To		

Undergraduate Major \_\_\_\_\_ Minor \_\_\_\_\_

If you have ever received failing grades, been placed on probation, or been dismissed from or denied readmission to any college, explain the circumstances on a separate sheet.

List school, civic, business, professional, or other similar organizations in which you have been active.

\_\_\_\_\_

\_\_\_\_\_

Are you available for a personal interview, if requested?  Yes  No

## SECTION THREE

### OCCUPATIONAL BACKGROUND

List recent positions held, name of employer, and your immediate supervisor or principal. Use additional pages if necessary. **You may submit a current resume in lieu of completing this section.**

Occupation/Title	Dates of Employment	Employer Name, Address (include Country), Supervisor
	From  To	Name _____ Address _____ _____ Supervisor _____
	From  To	Name _____ Address _____ _____ Supervisor _____

Florida RN License # \_\_\_\_\_ Renewal Date \_\_\_\_\_

(Copy required with application)

## SECTION FOUR

### RECOMMENDATIONS

Refer to the University Catalog for reference requirements in each degree program. It is your responsibility to request recommendations from the individuals listed below. Recommendations must be on the forms provided or on the recommender's business letterhead. These recommendations will become a part of your permanent file. **Please ask that all recommendation forms be directed to the Barry University Office of Admissions.**

Name and Address	Association with Applicant

## SECTION FIVE

### ADMISSION TEST REQUIREMENTS (Check University Catalog for test requirements.)

**Official scores should be sent to the Barry University Office of Admissions.**

DAT	(Dental Admission Test)	Date taken/scheduled _____
EAT	(English Assessment Test)	Date taken/scheduled _____
GMAT	(Graduate Management Admission Test)	Date taken/scheduled _____
GRE	(Graduate Record Exam – General Aptitude)	Date taken/scheduled _____
MAT	(Miller Analogies Test)	Date taken/scheduled _____
MCAT	(Medical College Admission Test)	Date taken/scheduled _____
TOEFL*	(Test of English as a Foreign Language)	Date taken/scheduled _____

\*minimum score of 550 (213 for computer-based, 79 for Internet-based TOEFL)

## SECTION SIX

### ADMISSION STATEMENT

For degree-seeking applicants (excluding nursing and anesthesiology programs\*):

On a separate sheet of paper, state as specifically as possible: (a) your reasons for selecting Barry University; (b) your professional plans upon completion of your degree; and (c) any information that you believe will help the Admissions Committee in the evaluation of your application.

\*Nursing and anesthesiology applicants, please refer to your respective application supplement.

# Graduate Programs

Complete Parts 1 and 2 and return this form with your application

Name \_\_\_\_\_  
Last First Middle

Social Security Number\*\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Barry ID Number \_\_\_\_\_  
Used for identification purposes only

## **PART I: Graduate Degree/Certificate Programs** (Check your intended program)

### COLLEGE OF ARTS AND SCIENCES

#### Communication

- Broadcasting Certificate (CT.BRDC)
- Communication, MA General (MA.MCOM)
- Communication, MA with specialization in Broadcast Communication (MA.MCOM#BDCT)
- Communication, MA with specialization in Public Relations and Corporate Communication (MA.MCOM#PRCC)

#### Fine Arts

- Photography, MA (MA.PHO)
- Photography, MFA (MFA.PHO)

#### Interdisciplinary Studies

- Liberal Studies, MA (MA.LIBA)

#### Psychology

- Clinical Psychology, MS (MS.CLI)

#### Theology

- Doctor of Ministry, DMin (DMI.DMIN)
- Hispanic/Latino Theology/Ministry Certificate (CT.MIN)
- Pastoral Theology, MA (MA.PTHE)
- Pastoral Ministry for Hispanics, MA (MA.PASM)
- Practical Theology, MA (MA.PRAT)

### SCHOOL OF ADULT AND CONTINUING EDUCATION

- Administration, MA (MA.ADMS)
- Public Administration, MPA (MPAA.PUB)

### ANDREAS SCHOOL OF BUSINESS

- Accounting, MSA (MSA.MSA)
- Business Administration, General (MBA.MBA)
- Business Administration, MBA (MBA.MBA) with a specialization in one of the following areas: *(check ONE only)*
  - Accounting (MBA.MBA#ACC)
  - Finance (MBA.MBA#FIN)
  - Health Services Administration (MBA.MBA#HSA)
  - International Business (MBA.MBA#INB)
  - Management (MBA.MBA#MAN)
  - Marketing (MBA.MBA#MAR)
- Management, MS (MS.MAN)
- Post-Graduate Certificate Program in the following areas: *(check ONE only)*
  - Finance (CT.MFIN)
  - Health Services Administration (CT.MHSA)
  - International Business (CT.MINB)
  - Management (CT.MMAN)
  - Marketing (CT.MMAR)

### ADRIAN DOMINICAN SCHOOL OF EDUCATION

#### Counseling

- Marital, Couple, and Family Counseling/Therapy,
  - MS (MS.COU#MACF)
  - EdS (EDS.COU#MACF)
- Marital, Couple, and Family/Mental Health Counseling, Dual Specialization,
  - MS (MS.COU#MAHC)
  - EdS (EDS.COU#MAHC)
- Mental Health Counseling,
  - MS (MS.COU#MHC)
  - EdS (EDS.COU#MHC)
- Mental Health Counseling and Rehabilitation Counseling, Dual Specialization,
  - MS (MS.COU#RCMH)
- Rehabilitation Counseling,
  - MS (MS.COU#RHC)
  - EdS (EDS.COU#RHC)

#### School Counseling,

- MS (MS.COU#SCC)
- EdS (EDS.COU#SCC)

#### Educational Leadership

- With Certification,
  - MS (MS.EDBC)
  - EdS (EDS.EDBC)
- Without Certification,
  - MS (MS.EDS)
  - EdS (EDS.EDS)
- Certification only,
  - (MS required) (TC.EDSC)
- International Catholic Track,
  - MS (MS.EDIC)
- Florida Catholic Schools Track,
  - (Certificate) (TC.EDFC)

### Exceptional Student Education

- Exceptional Student Education,
  - MS (MS.ESE)
- With specialization in Autism,
  - MS (MS.ESEU)
- With specialization in Gifted,
  - MS (MS.ESEG)

### Montessori Education

- Certificate (TC.EEM)
- Early Childhood,
  - MS (MS.EEM#ECHD)  EdS (EDS.EEM#ECHD)
- Elementary,
  - MS (MS.EEM#ELE)  EdS (EDS.EEM#ELE)

### Organizational Learning and Leadership

- MS, Organizational Leadership (MS.OLL)
- MS, Organizational Leadership with a specialization in Higher Education (MS.OLL#HED)

### Psychology

- Psychology, MS (MS.PSY)
- School Psychology, SSP (SSP.SCP)

### Reading

- MS (MS.REA)  EdS (EDS.REA)
- Non-certification track, MS (MS.REAN)

## COLLEGE OF HEALTH SCIENCES

- Anesthesiology, MS (MS.ANE) – Requires supplemental application
- Biology, MS (MS.BIO)
- Biomedical Sciences, MS (MS.BMS)
- Health Services Administration, MS (MS.HSA)
- Certificate in Health Services Administration (CT.HSA) – Specify area
  - Health Care Leadership
  - Health Care Planning and Informatics
  - Long-Term Care Management
  - Medical Group Practice Management
  - Quality Improvement and Outcomes Management
- Public Health, MPH (MPH.PHL)

## Division of Nursing

### MSN with specialization in

- Administration, MSN (MSN.NUA)
  - Administration (Bridge), MSN (MSN.NUAS)
  - Education, MSN (MSN. NUE)
  - Education (Bridge), MSN (MSN.NUES)
  - Practitioner
    - Adult Acute Care Nurse Practitioner, MSN (MSN.NUAA)
    - Adult Acute Care Nurse Practitioner (Bridge), MSN (MSN.NUCS)
    - Family Nurse Practitioner, MSN (MSN.NUFP)
    - Family Nurse Practitioner (Bridge), MSN (MSN.NUFS)
  - Nursing Administration/Business Administration, Dual Degree Option, MSN/MBA (MSN.NMBA)
  - Nursing, DNP (DNP.DNP) (Application deadline is March 15)
  - Nursing, PhD (PHD.NPHD)
- Post-Master's Certification for MSN prepared nurses
- Administration (CT.NUAD)
  - Education (CT.NUED)
  - Family Practitioner (CT.NMPF)
  - Adult Acute Care (CT.NAAD)

## SCHOOL OF HUMAN PERFORMANCE AND LEISURE SCIENCES

### Movement Science

- General, MS (MS.MVTS)
- Exercise Science, MS (MS.MVTS#EXS)
- Injury and Sport Biomechanics, MS (MS.MVTS#ISB)
- Sport and Exercise Psychology, MS (MS.MVTS#SEP)
- Sport Management, MS (MS.SPM)
- Sport Management/Business Administration, Dual Degree Option, MS/MBA (MS.SMBA)

**PART 2: Location for Classes** (Check your intended location for classes. Please note that not all programs are offered at all locations. Contact the specific school for more information.)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Miami Shores Main Campus        | <input type="checkbox"/> Collier/Lee County (Ft. Myers)             | <input type="checkbox"/> Orange County (Orlando)          | <input type="checkbox"/> Sarasota County (Venice)        |
| <input type="checkbox"/> Brevard County (Merritt Island) | <input type="checkbox"/> Marion County (Ocala)                      | <input type="checkbox"/> Palm Beach County                | <input type="checkbox"/> Treasure Coast (Port St. Lucie) |
| <input type="checkbox"/> Broward County                  | <input type="checkbox"/> Miami-Dade County (other than Main Campus) | <input type="checkbox"/> Pinellas County (St. Petersburg) | <input type="checkbox"/> Other _____                     |



**DIVISION OF ENROLLMENT MANAGEMENT**

Attention: Office of Admissions  
11300 NE Second Avenue  
Miami Shores, FL 33161-6695

*Please detach and complete as per instructions below*

Graduate Admissions

## Transcript Request Form

Dear Prospective Student:

Please fill in the reverse side of this Transcript Request Form and send it to all colleges/universities you attended. If classes (credits) have been transferred to another college, we still must receive a transcript from the originating college.

Full acceptance cannot be made until all transcripts are received.

If you need more forms, please feel free to make copies.

*Thank you* for your prompt attention to expediting transcript request information.

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*Thank you* for your prompt attention to expediting transcript request information.



# Transcript Request Form

To: REGISTRAR

Date \_\_\_\_\_

\_\_\_\_\_  
*Name of College/University*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City and State*

\_\_\_\_\_  
*ZIP*

PLEASE SEND A TRANSCRIPT OF MY RECORD TO:

**BARRY UNIVERSITY**  
**Division of Enrollment Management**  
**Attn: Office of Admissions**  
11300 NE Second Avenue  
Miami Shores, FL 33161-6695

I attended your school from \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.) to \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.)

Name used while attending \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(for identification purposes)*

Full legal name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City & State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_

Signature \_\_\_\_\_

# Transcript Request Form

To: REGISTRAR

Date \_\_\_\_\_

\_\_\_\_\_  
*Name of College/University*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City and State*

\_\_\_\_\_  
*ZIP*

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**BARRY UNIVERSITY**  
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Miami Shores, FL 33161-6695

I attended your school from \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.) to \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.)

Name used while attending \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(for identification purposes)*

Full legal name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City & State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_

Signature \_\_\_\_\_

# Transcript Request Form

To: REGISTRAR

Date \_\_\_\_\_

\_\_\_\_\_  
*Name of College/University*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City and State*

\_\_\_\_\_  
*ZIP*

PLEASE SEND A TRANSCRIPT OF MY RECORD TO:

**BARRY UNIVERSITY**  
**Division of Enrollment Management**  
**Attn: Office of Admissions**  
11300 NE Second Avenue  
Miami Shores, FL 33161-6695

I attended your school from \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.) to \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.)

Name used while attending \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(for identification purposes)*

Full legal name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City & State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_

Signature \_\_\_\_\_

# Recommendation Form - Confidential

*Note: If a program requires more than two recommendations (see catalog), please feel free to copy both sides of this form.*

## Graduate Programs

**TO THE APPLICANT:** Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Office of Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

Name \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
*Last First Middle (Used for identification purposes only)*

Address \_\_\_\_\_  
*Street City State ZIP*

Program \_\_\_\_\_

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.** The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the act, you have the right, if you enroll at Barry, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. You must check the appropriate box indicating whether or not you wish to waive this right and sign your name.

- I waive any right of access I may have to this recommendation form.
- I do not waive any right of access I may have to this recommendation form.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**TO THE RESPONDENT:** The above-named individual is applying to a graduate program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying an evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below.

*(Please print or type) You may also submit your recommendation from an OFFICIAL email address to [gradadmissions@mail.barry.edu](mailto:gradadmissions@mail.barry.edu)*

1. I have known the applicant as  an undergraduate student;  a graduate student;  other \_\_\_\_\_
2. I have known the applicant since \_\_\_\_\_, in my position as \_\_\_\_\_

**Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.**

	No Basis	Very Low	Average	High	Very High
A. Motivation for academic work	0	1 2 3	4 5 6	7 8	9 10
B. Intellectual ability	0	1 2 3	4 5 6	7 8	9 10
C. Creativity	0	1 2 3	4 5 6	7 8	9 10
D. Breadth of general knowledge	0	1 2 3	4 5 6	7 8	9 10
E. Grasp of field	0	1 2 3	4 5 6	7 8	9 10
F. Oral expression	0	1 2 3	4 5 6	7 8	9 10
G. Written expression	0	1 2 3	4 5 6	7 8	9 10
H. Initiative	0	1 2 3	4 5 6	7 8	9 10
I. Resourcefulness	0	1 2 3	4 5 6	7 8	9 10
J. Emotional maturity	0	1 2 3	4 5 6	7 8	9 10
K. Cooperation	0	1 2 3	4 5 6	7 8	9 10
L. Promise as a researcher	0	1 2 3	4 5 6	7 8	9 10

3. Please provide other comments related to the applicant's potential success in a graduate program that you believe would be of importance to the Graduate Admissions Committee.

4. I recommend this applicant:

<u>Not at all</u>			<u>Moderately</u>			<u>Enthusiastically</u>		
1	2	3	4	5	6	7	8	9

Signature of the Respondent \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

Questions? Call 305-899-3113 or 800-695-2279.

**Please mail form directly to:**



**DIVISION OF ENROLLMENT MANAGEMENT**

11300 NE Second Avenue  
Miami Shores, FL 33161-6695  
admissions@mail.barry.edu

Office of Admissions: 305-899-3113  
Office of Financial Aid: 305-899-3673  
Toll-free Admissions and Financial Aid: 800-695-2279  
Fax: 305-899-2971

**[www.barry.edu](http://www.barry.edu)**

# Recommendation Form - Confidential

*Note: If a program requires more than two recommendations (see catalog), please feel free to copy both sides of this form.*

## Graduate Programs

**TO THE APPLICANT:** Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Office of Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

Name \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Last First Middle (Used for identification purposes only)

Address \_\_\_\_\_  
Street City State ZIP

Program \_\_\_\_\_

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.** The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the act, you have the right, if you enroll at Barry, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. You must check the appropriate box indicating whether or not you wish to waive this right and sign your name.

- I waive any right of access I may have to this recommendation form.
- I do not waive any right of access I may have to this recommendation form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO THE RESPONDENT:** The above-named individual is applying to a graduate program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying an evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below.

*(Please print or type) You may also submit your recommendation from an OFFICIAL email address to gradadmissions@mail.barry.edu*

1. I have known the applicant as  an undergraduate student;  a graduate student;  other \_\_\_\_\_
2. I have known the applicant since \_\_\_\_\_, in my position as \_\_\_\_\_

**Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.**

	No Basis	Very Low	Average	High	Very High
A. Motivation for academic work	0	1 2 3	4 5 6	7 8	9 10
B. Intellectual ability	0	1 2 3	4 5 6	7 8	9 10
C. Creativity	0	1 2 3	4 5 6	7 8	9 10
D. Breadth of general knowledge	0	1 2 3	4 5 6	7 8	9 10
E. Grasp of field	0	1 2 3	4 5 6	7 8	9 10
F. Oral expression	0	1 2 3	4 5 6	7 8	9 10
G. Written expression	0	1 2 3	4 5 6	7 8	9 10
H. Initiative	0	1 2 3	4 5 6	7 8	9 10
I. Resourcefulness	0	1 2 3	4 5 6	7 8	9 10
J. Emotional maturity	0	1 2 3	4 5 6	7 8	9 10
K. Cooperation	0	1 2 3	4 5 6	7 8	9 10
L. Promise as a researcher	0	1 2 3	4 5 6	7 8	9 10

3. Please provide other comments related to the applicant's potential success in a graduate program that you believe would be of importance to the Graduate Admissions Committee.

4. I recommend this applicant:

<u>Not at all</u>			<u>Moderately</u>			<u>Enthusiastically</u>		
1	2	3	4	5	6	7	8	9

Signature of the Respondent \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

Questions? Call 305-899-3113 or 800-695-2279.

**Please mail form directly to:**



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## SECTION SEVEN

I certify that the information given in this application is complete and accurate. I realize that my application cannot be reviewed until all requested credentials have been received by the Office of Admission, that it is my responsibility to support these credentials, and that concealment or misrepresentation of any college registration, academic, or disciplinary record – undergraduate and graduate – may cancel and nullify my application for admission. If accepted, I agree to comply with the regulations of the University and to pay all fees required. I understand that **all documents and credentials become the property of Barry University and will not be copied or returned.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In administering its affairs, the University shall not discriminate against any person on the basis of race, creed, religion, color, national or ethnic origin, sex, age or physical disability. This nondiscrimination includes policies and procedures related to membership on the Board of Trustees, the educational program, employment and personnel practices, admissions, scholarships/grant/loan awards, and participation in athletic and other student activities.



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