



If you are a degree/certification student who left Rider prior to completing your course work, or a degree/certification completor who would now like to pursue a different graduate program or take additional courses at the graduate level, you must submit:

- A completed application for re-admission
- A \$30.00 non-refundable re-application fee if you have not been enrolled at Rider University within two calendar years
- Two updated and current letters of recommendation
- An updated statement of your current aims and objectives (for Ed.S. in Counseling Services, the statement must be related to your concentration in the M.A. in Counseling Services (e.g., Community or School))
- Official GRE scores if you are applying for the M.A. in Counseling Services or Ed.S. in School Psychology programs and do not already have a Master's degree
- Official PRAXIS scores if you are applying for the Graduate-Level Teacher Certification Program
- Official transcripts from every college or university attended if you are a "Special Student" who received permission to take courses on a non-matriculated basis and who would now like to pursue a graduate degree or certification from Rider University

Mr. Mrs. Ms. Miss Dr.

Name	_____	Bronc ID	_____
Home Address	_____	Work Address	_____
	_____		_____
Home Phone	_____	Work Phone	_____
Email Address	_____	Cell Phone	_____

Last Date of Attendance at Rider (Please be as accurate as possible) _____

Application for Semester Fall Spring Summer 1 Summer 2 Year 20____

What was your previous program of study at Rider University?

M.A. _____ Certificate _____ Ed.S. _____ Other _____

Did you complete your program of study? Yes No

What program would you like to pursue now?

M.A. _____ Certificate _____ Ed.S. _____ Other _____

By checking this box, I hereby apply for re-admission to Rider University and submit the above information in support of this application. It is, to the best of my knowledge, true and accurate. I understand that I must comply with curriculum requirements now in effect.

Your Full Name _____ Date _____

For Office Use Only		
Director of Graduate Admission	_____	Semester Year/Start Term _____
Coordinator's Signature	_____	Date _____
Assigned Program Advisor	_____	Application Fee Received Date (if applicable) Check # _____