



Center For Integrated Teacher Education

Diane Burke - Assistant Director

October 2014

Dear Colleague:

Thank you for your interest in the 24 credit Administration Certification Program being offered by the College of Saint Rose and the Center for Integrated Teacher Education/CITE. This program is being offered in Brooklyn, Oceanside, Hauppauge (if there is enough demand) and Yonkers beginning in January 2015.

Enclosed find application materials and an outline of the program being offered. Following your review of these materials, please call if you have any questions.

Completion of the application involves sending materials and the fee listed on the "APPLICATION INSTRUCTIONS" page to the **College of Saint Rose**. The **ONLY** thing you will send to our office at CITE is the page marked CITE Interview Information. **It is very important that you return this to us asap, as this is what we use to schedule your interview. If you do not send this to the CITE office, we have no way of knowing that you are applying for the program, and the interview is a crucial part of the admission process. Please complete and send information page immediately upon receipt. Do not wait until your application is complete to send it.** These group interviews will take place in Brooklyn, Long Island and Yonkers. We will contact you once we have the interview dates set up.

Tuition payments (\$950) are due, course by course, on the first day of each class listed, with the exception of the first course which is sent to the CITE office. The first day of classes for the January group starts the weekend of January 24/25. Payment for the textbook website will be paid to CITE in 2 installments, \$250 prior to the first course & \$250 at the second course.

All students must attend the first day of the first course. If you are unable to attend the first day, you must start with the next cohort.

You are asked to submit the application and all requested materials as soon as possible, but certainly by the deadline date of **January 9th**. If your application materials are not submitted on time there is a chance you will not be able to attend at the location of your choice. So please submit your application as soon as possible. **Please note the required Immunization Form must be at Graduate Admissions for your application to be considered complete.**

Sincerely,

Diane Burke

Assistant Director/CITE

**GRADUATE ADMISSIONS
THE COLLEGE OF SAINT ROSE
432 Western Avenue
Albany, NY 12203**

The College of Saint Rose/CITE/LIFE Certification Program in School Administration and Supervision
Admissions requirements:

1. GPA of 3.0 or higher in undergraduate major
2. A Master's degree with a GPA of 3.0 or higher
3. New York State Teacher Certification
4. Strongly supportive letters of recommendation
5. Acceptable performance in a personal interview and on writing sample administered at interview.

Submitting the Application: To be considered for acceptance into graduate studies at The College of Saint Rose you must assemble and submit all of the application materials listed below. Faculty does not review incomplete applications.

The application package should contain the following:

1. A completed application form.
2. A non-refundable application fee of \$40.00 (check or money order). Graduates of Saint Rose are not required to pay the application fee.
3. Official final transcript(s) showing your Bachelor's and Master's degrees and dates received. Send a self-addressed envelope to the registrar of the college(s) from which you received your bachelor's and master's degrees along with a request for an official copy of your transcript. Ask that the transcript be placed in the envelope, sealed and returned to you. If the registrar refuses to send the transcripts to you, ask the registrar to send the transcripts directly to Graduate Admissions at the above address. **PLEASE NOTE THAT TRANSCRIPTS FROM TOURO COLLEGE MUST BE SENT DIRECT FROM TOURO.** Also, please remember: **DO NOT SEND UNOFFICIAL TRANSCRIPTS.**
4. A brief statement of your professional goals. Write a statement of no more than two pages in which you present your professional goals: your reasons for entering this program and what you hope to accomplish once you have earned the certification.
5. Two letters of recommendation, one of which should be from either a principal or a superintendent. Provide Saint Rose recommendation forms and your self-addressed stamped envelopes to two persons who can comment on your work in an academic or professional setting and on your capacity for leadership. Do not seek recommendations from persons who know you only on a personal basis. Ask the persons to complete the forms, seal them in the envelopes you provide, sign across the seal, and return the envelopes to you. **DO NOT SEND TEACHER EVALUATIONS, LETTERS OF COMMENDATION OR RECOMMENDATIONS TO OTHER COLLEGES.**
6. A statement of a commitment to an internship placement signed by you and an administrator who will provide you with guidance in your internship.
7. **Completed Immunization Record form MUST be at college prior to application deadline.**

Please note that application for this program is competitive; admission decisions are made by the College of Saint Rose faculty.

Non-Discrimination Statement: The College of Saint Rose admits students without regard to race/color, creed, sex, handicap, sexual orientation, or national/ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the college. The College of Saint Rose does not discriminate on the basis of ethnic origin in the administration of its educational and admission policies, scholarship and loan programs, and athletic and other administered programs.

Application Deadline: January 9, 2015. Applications received or completed after this date will be considered on a space available basis.

The College of Saint Rose

Office of Graduate Admissions and Continuing Education 432 Western Avenue Albany, NY 12203 (518) 454-5143 grad@strose.edu

APPLICATION FOR GRADUATE STUDY College of Saint Rose/CITE Program

I wish to apply for graduate study in **EDUCATIONAL LEADERSHIP** to be held at CITE locations and in Albany.

Please circle which cohort you are applying to: January March June October

Name: _____

Last First M.I. Prior Name(s)

Address: _____

Street Apt. County

City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____ *circle one:* Gender: Male Female

Citizenship: _____ City/Country of Birth: _____

Optional: Ethnic Origin: Asian Indian/Native Alaskan _____ Black/Non-Hispanic _____ White/Non-Hispanic _____

Hispanic _____ Asian/Pacific Islander _____ Other: _____

Colleges and Universities attended, including previous Saint Rose credits. Begin with your most recent enrollment.

Name of Institution Dates Attended Major Degree & Date Received

Teaching Certification(s) held: Provisional/Initial _____ Permanent/Professional _____

Certification Areas: _____

Place of Employment: _____

Job Title: _____ Date of Employment : ____/____/____

Address of Employer: _____

The Statement of Purpose is a required part of the graduate application. An effective Statement of Purpose will provide faculty reviewers with an understanding of the applicant's objectives and motivation for pursuing a graduate degree or certificate. It will also describe how the program of study will meet the candidate's personal goals for professional development. Your Statement of Purpose should not exceed 300 words.

I certify that the information given in this application is complete and accurate.

Signature: _____ Date: ____/____/____

Please use the checklist on the reverse side to assure your application is complete.

Application Checklist

○ Application

○ \$40.00 Application Fee

-Please make checks or money orders payable to The College of Saint Rose

○ Statement of Purpose

○ Official Transcripts* indicating your:

-**Bachelor's Degree**

-**Master's Degree**

* Please do not submit photocopies of transcripts. We require up-to-date official transcripts printed within the past year. These should demonstrate strong academic performance at both levels, with a minimum graduate GPA of 3.0.

○ 2 Letters of Recommendation from professional sources

- One letter must be from a principal, assistant principal or superintendent
- Letters must be current and arrive in sealed envelopes on official letterhead

○ Immunization Form

- Must be submitted in order for your application to be reviewed.
- If you can not locate your immunization records, you may request a blood titer to be done by a physician. Once complete, you will need to submit the lab results and immunization form to the Office of Graduate Admissions.
- A physician's signature is required, along with your signature in regard to the meningococcal vaccine information. The shot is **not** necessary, but you must indicate you have been informed of the availability of the vaccine.
- If you have specific questions regarding immunization requirements contact Health Services directly at (518) 454-5244.

○ Internship Commitment Form

- It is a requirement to have the following:
 - Your personal signature
 - Your mentor's signature
 - Your principal's signature
- If your principal is your mentor then only one of the two signature lines needs to be signed.

○ Interview

- You must contact the CITE office to schedule an interview: (516) 221-2936

If you have any questions regarding your application you may contact **The College of Saint Rose** at

1-800-637-8556 option 2 or
you may log onto our website:

www.strose.edu

Keyword: CITE

The College of Saint Rose/CITE

Recommendation Form School Building Leader Certification Program

Section I: APPLICANT

Name of applicant: _____
Last First Middle Prior

Address: _____
Street Address City State Zip Code

Phone numbers: _____
Home Business Cell

Signature of Applicant: _____ Date: _____

I, the undersigned applicant DO DO NOT waive my right of access to inspect and review this recommendation form. Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment of December 31, 1974).

Section II: RECOMMENDER

Name of Recommender: _____
Last First Middle Prior

Title/Position: _____ Organization/Employer: _____

Address: _____
Street Address City State Zip Code

Phone numbers: _____
Home Business Cell

Signature of Recommender: _____ Date: _____

Instructions for the Recommender:

Applicants to the School Building Leader Certification Program at The College of Saint Rose must provide two letters of recommendation. At least one letter must come from a school administrator who knows the applicant's work as an educator in a school setting and has supervisory or organizational responsibility for the applicant. Applicants should not seek letters of support from subordinates or from other applicants to the program.

In your letter, please address the following points:

1. Your professional relationship to the applicant
2. Your perspective on the applicant's performance in current and/or previous positions in an educational setting
3. Your assessment of the applicant's academic ability to succeed in an advanced graduate program
4. Your assessment of the applicant's potential as a school leader

Please submit the letter in typed (not hand-written) form on letterhead if possible. Enclose the letter in a sealed envelope and sign across the seal. Letters may be given to applicants for inclusion with their materials or sent directly to The College of Saint Rose.

Thank you for your contribution to the graduate application process at The College of Saint Rose.

Office of Graduate
Admissions and
Continuing Education
432 Western Avenue
Albany, NY 12203

Phone: 518-454-5143
Fax: 518-458-5479
E-mail:
grad@strose.edu

The College of Saint Rose/CITE

Recommendation Form School Building Leader Certification Program

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Last First Middle Prior

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grad@strose.edu

The College of Saint Rose/CITE

Internship Commitment School Building Leader Certification Program

Instructions:

- Locate a mentor who has SAS or SDA certification, and who works as a school administrator, and obtain the necessary signature.
- If your mentor is not a school building leader (principal), obtain the principal's permission for you to complete your internship in that building. The principal's signature below indicates this permission.
- If you work is a district-level capacity, you must organize an internship at the building level. You must have a principal's signature for this form to be complete.

Name: _____

Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Student ID (or Social Security Number): _____

Mentor Name: _____

School Name: _____

School Address: _____
Street City State Zip

Phone: _____

Applicant signature _____ Date _____

Mentor signature _____ Date _____

Principal signature _____ Principal Name _____ Date _____

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432 Western Avenue
Albany, NY 12203

Phone: 518-454-5143
Fax: 518-458-5479
E-mail:
grad@strose.edu

The College of Saint Rose

432 Western Avenue, Albany, NY 12203-1490

1800 637 8556

www.strose.edu/health

Immunization Record

Health Service

Phone (518) 454-5244; Fax 454-2007

Starting Semester/Year: _____ Social Security/Student ID: _____

Name: _____ Date of Birth: _____

Address: _____ Telephone: (home) _____

(cell) _____

Prior student at Saint Rose? Y _____ N _____

New York State Public Health Law 2165 requires post-secondary students to show proof of immunity to **MEASLES, MUMPS and RUBELLA before registering for classes.** Persons born prior to January 1, 1957 or taking less than six credits in a semester are exempt from this requirement. Certain medical and religious factors may also qualify for exemption. Immunizations must have been given after the first birthday.

To be completed by Health Care Provider or School Official

	Vaccine Date (or)		Disease History (or)	Serology (Blood Titer) MUST ATTACH LAB REPORTS
	Month/Day/Year			
MMR-2 required -OR-	# 1	# 2		
MEASLES-2 required Given after 1967	# 1	# 2		
MUMPS-1 required Given after 1968				
RUBELLA-1 required Given after 1968				

MENINGOCOCCAL _____ Name and date of vaccine given within the last 10 years.
(Not a Required Vaccine - Student/ Parent See Below*)

Recommended Vaccines:

Tetanus Booster _____ Hepatitis B Series: _____/_____/_____

Health Care Provider or School Official Signature Required:

Print Name _____ Date _____

Signature _____ Address _____

Phone _____

***The meningitis vaccine is not required, student or parent please review the vaccine information on the back of this form. If you have chosen not to have the meningitis vaccine, student or parent, complete the following waiver by signing the statement below.**

I have OR my minor son/daughter has received and reviewed the meningitis and meningitis vaccine information provided on the back of this form. I understand the risks of meningococcal meningitis and the benefits of immunization and have decided that I (or my minor child) will **NOT** obtain immunization against meningococcal meningitis.

Do not complete this waiver if you have received the meningitis vaccine and it is documented above.

Signed: _____ Date: _____

Signature of student or parent/guardian if student is under eighteen

Meningococcal Disease Fact Sheet

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people travelling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

In February 2005 the CDC recommended a new vaccine, known as Menactra™ for use to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Menomune™ is available for children 2-10 years old and adults older than 55 years. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11-12 years old) and high school (15 years old), and all first year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

What is the duration of protection from the vaccine?

Menomune™, the older vaccine, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

How do I get more information about meningococcal disease and vaccination?

Contact your physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncidod/diseases/index.html; and the American College Health Association, www.acha.org

Dear Prospective Student,

New York State Public Health Laws 2165 & 2167 requires post-secondary students to show proof of immunity to measles, mumps and rubella as well proof of meningitis vaccination or an acknowledgement of having received information related to meningococcal disease and vaccination. **In order to comply with New York State Law, the attached form must be completed by you and your physician and returned to the Graduate Admissions Office. Submission of this form is necessary to be considered for acceptance into the program. You will not be registered for more than five credits until the requirements have been fully met.**

Measles, Mumps and Rubella requirement:

- **Measles** – two doses of live measles vaccine administered after 1967 or documentation from a physician stating you have had the disease and the year you had it.
- **Mumps** - one dose of live mumps vaccine administered after 1968 or documentation from a physician stating you have had the disease and the year you had it.
- **Rubella** - one dose of live rubella vaccine administered after 1968. Disease history for rubella is not acceptable.

- Measles, mumps and rubella information is required for all students born on or after January 1, 1957.
- The first dose of all vaccines must have been administered on or after the first birthday and the two measles vaccines must have been given at least 28 days apart.
- The immunizations may have been administered individually or as a combined vaccine, or MMR.
- Titer reports for measles, mumps and rubella may be used to show immunity.

Meningitis requirement:

- You are not required to have the vaccine, but you must complete and return the meningitis portion of the attached immunization form.
- **All students are required to complete the meningitis portion of the form regardless of date of birth.**

Suggestions to meet the requirements:

- **Contact your physician** to complete the immunization form. The form must be stamped or signed by a doctor, physician assistant or nurse practitioner.
- **Contact your previous college** to see if they have retained your records. Records will be accepted from other schools provided your name appears on the same page as your immunizations, and the page has been signed or stamped by the school sending the record.
- **Talk with your physician about having a blood titer** to prove immunity. A blood titer is a laboratory test ordered by your physician. A copy of the lab results showing immunity to measles, mumps and rubella are then returned to Health Services to meet the requirements.

Financial Aid for CITE Students

Financial Aid is available for CITE students enrolled in the Education Administration program in the form of an Unsubsidized Direct Federal Loan. Grant and scholarship funds from the College are not available for this program. More information about the unsubsidized loan is available on our website at www.strose.edu/finaid.

The following steps will assist you in the financial aid process:

1. Once you have been ACCEPTED into the CITE program you may then apply for financial aid by filing the FAFSA (Free Application for Federal Student Aid) at www.fafsa.gov.
School Code: 002705
2. The College of Saint Rose will receive the FAFSA once it has been processed by the federal government and determine your loan eligibility. Your award package will be mailed to you at the beginning of the program.
3. Students may accept awards either by signing and returning the award letter or by logging into the College's secure website
4. In addition, a Master Promissory Note must be completed for the loans. Log into www.studentloans.gov with your FAFSA ID and Pin. Once completed the College will receive the results within 1-2 business days. *Be sure to complete the Subsidized/Unsubsidized MPN, not the Graduate PLUS MPN.

Payments and Disbursements

Payment for each course is due at the beginning of each course regardless of financial aid status. Student loans are NOT disbursed prior to the start of the program (be prepared to pay for the first two courses). Financial aid will be disbursed after the start of the second course for each term. Once the College receives your loan funds, a check will be mailed directly to you. No payments for classes will be deducted from your check. Payment to CITE is solely the responsibility of the student.

COHORT 45 January 2015

- EDA 505** **January 24, 31, February 7, 21, 28**
January 25, February 1, 8, 22, March 1
- EDA 590** **March 7, 14-15 (Albany), 28, April 18**
March 8, 14-15 (Albany), 29, April 19
- EDA 510** **April 25, May 2, 16, 30, June 6**
April 26, May 3, 17, 31, June 7
- EDA 503** **June 13, 27, July 11, 18, 25**
June 14, 28, July 12, 19, 26
- EDA 550** **September 19, 26-27 (Albany), October 3, 17**
September 20, 26-27 (Albany), October 4, 18
- EDA 540** **October 24, 31, November 14, 21, December 5**
October 25, November 1, 15, 22, December 6



DEAR APPLICANT:

COMPLETE THE FOLLOWING AND RETURN TO CITE. (PLEASE PRINT)

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

PHONE # HOME _____ WORK _____ CELL _____

EMAIL ADDRESS: _____

SATURDAY _____ SUNDAY _____ CLASS (PLEASE CHECK ONE.)

BROOKLYN _____ OCEANSIDE _____ Yonkers _____ Hauppauge _____

JANUARY _____ JUNE _____ OCTOBER _____

THANK YOU!



Interview Information Page

* Please complete & fax to 516-221-2598 *