

School of Professional Development
SBS Building, N-203
State University of New York at Stony Brook
Stony Brook, NY 11794-4310
Tel: 631.632.7055 • Fax: 631.632.9046
Email: SPD@stonybrook.edu
Web: www.stonybrook.edu/spd

INSTRUCTIONS FOR APPLYING TO THE MASTER OF ARTS IN TEACHING: SCIENCE

1. Complete the Student Application/Information Sheet.
2. Complete the Application for Admission to the Master of Arts in Teaching Program. Be sure to indicate the program to which you are applying.
3. Submit three (3) letters of recommendation. 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, seal, and sign his/her name across the seal on the back of the envelope. The recommendation should be returned to you. **DO NOT BREAK THE SEAL.** If we receive a recommendation envelope that has been opened, the contents will be disqualified.
4. Submit an **official** transcript from each college or university attended. Send a completed Transcript Request Form to the registrar at each college or university attended, requesting an **official** transcript be sent directly to you in a sealed envelope with the Registrar's signature across the seal on the back of the envelope. **DO NOT BREAK THE SEAL.** If we receive a transcript envelope that has been opened, the contents will be disqualified.

Some registrars may wish to mail the transcript directly to the School of Professional Development. The request form provides an address for that purpose. Make a prominent note on your application if a transcript is to be sent directly from the college or university attended.

5. Attach a \$100 application fee to your application. Payment may be made by check or money order (payable to *Stony Brook University*) or credit card. If paying by credit card, complete credit card authorization form.
6. 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 form to SPD. Mail directly to:
Director of Student Health Service
SUNY at Stony Brook, Stony Brook, NY 11794-3191

7. Request Graduate Record Exam (GRE) scores from the Educational Testing Service, 1-888-GRE-SCORE or www.gre.org/getscore.html. Have the scores sent directly to:
SPD
SBS Building
Stony Brook University
Stony Brook, NY 11794-4310

Submit all completed application materials together in one packet (*except* the Student Health Immunization Form) to:

Director, MAT: Science
School of Professional Development
SBS Building, N-223
Stony Brook University
Stony Brook, NY 11794-4310
Telephone: 631.632.7055
FAX: 631.632.9046
Email: SPD@sunysb.edu

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 the Master of Arts in Teaching Program

- Biology Chemistry Earth Science English French German Italian Physics Russian Social Studies
 (Please check the MAT Program to which you are applying)

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.)

Institution	Dates of Attendance		Major	Degree or Credits Earned
	From	To		

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

The GRE general test is required for admission. Please indicate date(s) taken and request that the scores be sent to the School of Professional Development, State University of New York at Stony Brook, Stony Brook, NY 11794-4310.

Date(s) Taken: _____

Please indicate your scores, if you have received them: _____

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, SUNY at Stony Brook, 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". _____

REQUIRED ATTACHMENT

Since more than scholastic aptitude is involved in admission to an MAT 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; 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 MAT 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): MAT in _____ 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 _____

TRANSCRIPT REQUEST FORMS

Applicant: Please clip, complete and submit transcript request form(s) to Registrar of each college or university where you have been enrolled or are currently enrolled for either undergraduate or graduate work. Remember to include the fee the institution charges for preparing a transcript with each request.

TO: Registrar, _____
(Institution Name)

(Student's Name) (Social Security #)
is applying to a SUNY at Stony Brook Master of Arts in Teaching _____ for
the _____, 20____ semester. Please place a copy of the student's institutional record in the
form of an official transcript in a sealed and signed envelope, and return it to the applicant. If you prefer, you may
mail it directly to the School of Professional Development, SBS Building N-203, SUNY at Stony Brook, Stony Brook,
NY 11794-4310. Student has enclosed \$_____ to cover the cost of preparing transcript. Thank you.

TO: Registrar, _____
(Institution Name)

(Student's Name) (Social Security #)
is applying to a SUNY at Stony Brook Master of Arts in Teaching _____ for
the _____, 20____ semester. Please place a copy of the student's institutional record in the
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NY 11794-4310. Student has enclosed \$_____ to cover the cost of preparing transcript. Thank you.

TO: Registrar, _____
(Institution Name)

(Student's Name) (Social Security #)
is applying to a SUNY at Stony Brook Master of Arts in Teaching _____ for
the _____, 20____ semester. Please place a copy of the student's institutional record in the
form of an official transcript in a sealed and signed envelope, and return it to the applicant. If you prefer, you may
mail it directly to the School of Professional Development, SBS Building N-203, SUNY at Stony Brook, Stony Brook,
NY 11794-4310. Student has enclosed \$_____ to cover the cost of preparing transcript. Thank you.

Student Health Information

All Stony Brook students, including those enrolled in credit programs through the School of Professional Development, will be blocked from all registrations if they are not in compliance with Public Health Law 2165, which states that all students born on or after January 1, 1957, must demonstrate proof of immunity to measles, mumps, and rubella. Signed documentation of proof of immunity by one of the following means for each disease must be submitted to the University's Student Health Services:

- Measles:** Two vaccines after 1/68 at least 30 days apart, 90 days recommended; or history of disease; or blood titer showing immunity.
- Mumps:** One mumps vaccine after 1/69; history of the disease; or titer showing immunity.
- Rubella:** One rubella vaccine after 1/69; or titer showing immunity (history of rubella is not acceptable proof of immunity).

Those with a birth date prior to 1/1/57 are exempt from this requirement. However, they must submit a copy of either a birth certificate or a driver's license to document their birthdate.

Students should send or report to the Student Health Service with one of the following:

- a. proof of immunity by completing and returning the **Immunization Record Form** (see below) to the address listed on the form.
- b. evidence that he/she has received one immunization and is awaiting the required time between immunizations, i.e., copy of an appointment with health practitioner (private physician or clinic, etc.).

Students who remain in noncompliance will NOT be permitted to register due to the fact that the University will be subject to a \$1,000 fine per student not in compliance. Students not in compliance with Public Health Law 2165 prior to registration will no longer be permitted to attend any New York State institution unless he/she has received a religious or medical exemption or can document that he/she is in the process of receiving the necessary immunizations. **No tuition can be refunded and the student will not be able to register for an ensuing semester until proof of immunity is provided.**

A limited number of immunizations are available at the Student Health Service or the Public Health Service. You may also obtain them from your private physician. If you have any questions, call the Student Health Service at 631-632-6740.

Immunization Record *Fill out your name, ID, and date of birth, then choose **ONE** of the sections below to complete and sign:*

Student's Name (Last, First, Middle Initial) _____

Student ID (Social Security) Number _____ Date of Birth _____

Section I

List two dates of "MMR" (Measles, Mumps, Rubella) vaccine inoculations, or attach an official copy of your immunization record:

Dates of "MMR" vaccinations: _____ and _____

Physician's Signature and Date

Section II

A. Measles – Complete ONE of the following:

1. TWO dates of Measles vaccination: _____ and _____

2. Approximate date of Measles infection (disease): _____

3. Date and titer of blood test for Measles immunity: _____

Physician's Signature and Date

B. Mumps – Complete ONE of the following:

1. Date and titer of Mumps vaccination: _____

2. Approximate date of Mumps infection (disease): _____

3. Date and titer of blood test for Mumps immunity: _____

Physician's Signature and Date

C. Rubella – Complete ONE of the following:

1. Date and titer of Rubella vaccination: _____

2. Date and titer of blood test for Rubella immunity: _____

Physician's Signature and Date

Section III

Proof of birth date prior to January 1, 1957. Please attach a copy of one of the following: driver's license, birth certificate, baptismal certificate, or passport.

Return form to: Director of Student Health Service, SUNY at Stony Brook, Stony Brook, NY 11794-3191; telephone 631-632-6740.