



TESOL APPLICATION – PARTNERSHIP WITH HUMBER

GRADUATE EDUCATION OFFICE, ACADEMIC COMPLEX, P.O. BOX 1930
NIAGARA UNIVERSITY, NEW YORK 14109-1930
PHONE: (716) 286-8336 / FAX: (716) 286-8561 www.niagara.edu/advance

NAME FIRST MIDDLE LAST (MAIDEN)

STREET ADDRESS CITY

COUNTY (NY ONLY) STATE OR PROVINCE

COUNTRY ZIP/POSTAL CODE SOCIAL SECURITY (OR SOCIAL INSURANCE#)

EMAIL PHONE (AM) PHONE (PM)

DATE OF BIRTH PLACE OF BIRTH MALE FEMALE MM/DD/YYYY

CITIZENSHIP

LIST IN CHRONOLOGICAL ORDER ALL COLLEGES AND UNIVERSITIES ATTENDED, INCLUDE PROFESSIONAL SCHOOLS.

Table with 5 columns: NAME OF INSTITUTION, LOCATION, DATES OF ATTENDANCE, MAJOR, DEGREE RECEIVED & DATE GRANTED

Submit official transcripts of all colleges and universities attended in sealed institution envelope.

PLANNED COMPLETION DATE FROM HUMBER HUMBER GPA

REQUESTED DATE OF ADMISSION FALL 20 SPRING 20 SUMMER 20

Optional: For the U.S. Department of Education purposes, please state your ethnicity:

Hispanic/Latino Non-Hispanic/Latino

If you answered Non-Hispanic/Latino, what is your race? (Check all that apply.)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

I certify that the information I have provided is complete and true to the best of my knowledge. I also understand that any course or courses taken under this application process may not be transferable to a program within Niagara University.

Signature Date

NU encourages all men and women whose aptitude and demonstrated achievement in university or college give evidence of their ability to successfully complete the various university programs to apply for admission. Consistent with our Catholic Mission, Niagara University welcomes all students, regardless of race, gender, age national origin, religious preference, sexual orientation, status as a veteran or disability.

All Niagara University students must meet health requirements. Go to: www.niagara.edu/healthcenter to download the graduate health forms.