INSTRUCTIONS FOR APPLYING FOR THE SCHOOL DISTRICT BUSINESS LEADER, POST MASTER'S
DEGREE, ADVANCED GRADUATE CERTIFICATE PROGRAM

BEFORE SUBMITTING YOUR APPLICATION, MAKE SURE YOU COMPLY WITH ALL OF THE
INSTRUCTIONS ON THIS PAGE.

1. On your application, provide us with a primary email address. Please print clearly.

2. Complete the "Student Application/Information Sheet"

3. Complete the "Application for Admission to an Advanced Graduate Certificate Program." Be sure
to include the PERSONAL ESSAY (REQUIRED ATTACHMENT).

4. Three (3) letters of recommendation, One (1) from the CEO, COO, or CFO (or his or her designee)
and at least two (2) must be from corporate or other supervisory personnel or administrators who
have a thorough knowledge of whether you have the temperament and disposition to become an
effective leader. 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. The recommendation should be returned to you in a sealed envelope with the signature
of recommender across the seal. DO NOT BREAK THE SEAL. If we receive a recommendation
envelope that has been opened, the contents will be disqualified. Be sure to have all three
letters of recommendation included inside your application packet when returning it to
Stony Brook University. DO NOT HAVE THEM SENT SEPARATELY.

5. A letter from your employer stating that you have had three (3) years of full-time administrative,
supervisory and business-related experience.

6. Attach a $100 application fee. Payment by check (make check payable to Stony Brook University)
or money order.

ALL OF THE ABOVE ITEMS MUST BE KEPT TOGETHER AND RETURNED TO THE ADDRESS
EXACTLY AS LISTED BELOW. INCOMPLETE PACKETS WILL BE RETURNED TO SENDER.

Attn: Bryan Carroll SDBL Admissions Coordinator
School of Professional Development
SBS Building, Rm. N-241
Stony Brook University
Stony Brook, NY 11794-4310 (must include last 4 digits of zip code)

7. Arrange to have an official transcript sent from the college or university where you earned one of
the following Master's Degrees: MBA, MS in Management, MS in Finance or Accounting or an
MPS with a concentration in Human Resource Management. If possible, you may include
official transcripts in the above packet. Keep them unopened, in the original envelope. This will
speed up the processing of your application. Otherwise, have the college or university where you
obtained your degree send them directly to the above address.

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 Student Health Immunization Form to the School
of Professional Development. Mail directly to:

Director of Student Health Service
Stony Brook University, Stony Brook, NY 11794-3191

When SPD has received your completed application and your official transcripts, you will be notified
regarding your admission status into the Advanced Graduate Certificate Program.
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.

PERSONAL DATA

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

D = Divorced

A = Asian

M = Married

B = Black (not Hispanic)

Q = Separated

H = Hispanic

S = Single

I = American Indian

W = Widowed

W = White (not Hispanic)

N = Prefer not to answer

Birth Date

MM/DD/YY

Gender

F = Female

M = Male

Marital Status

*Ethnic Code

V = Veteran without benefits

B = Veteran with benefits

Veteran Code

PT/FT Status

Citizenship Code

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

PEC               Ent Date             Sem Status   Classification             Major            Major Sfx    ETR            S                 C

5/00

Code            Code                     Status         Geographic Codes

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   Classification   Code

Major            Major Sfx       ETR       Status

S                C

Geographic Codes
Please print clearly or type. Be sure to complete and sign application on second page and attach your statement.

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<thead>
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<th>Name: ___________________________</th>
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<td>Last</td>
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<tr>
<td>Other name under which records may be found:</td>
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<tr>
<td>Address: Number &amp; Street</td>
<td>City</td>
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<td>Home Phone: (<em><strong>)</strong></em>___________</td>
<td>Work Phone: (<em><strong>)</strong></em>___________</td>
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<td>Date of Birth:</td>
<td>Citizenship:</td>
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- [ ] 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 ______________________

EDUCATION (List in chronological order all colleges and universities attended since high school.)  
This program requires one of the following Master's degrees for admission: MBA, MS in Management, or MS in Finance.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates of Attendance From</th>
<th>To</th>
<th>Major</th>
<th>Degree or Credits Earned</th>
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EMPLOYMENT (include military service; omit summer and part-time work)

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<tr>
<th>Employer</th>
<th>Occupation/Title</th>
<th>Inclusive Dates From To Present</th>
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GRADE POINT AVERAGE (Use scale of A = 4 points)

__________ Undergraduate degree to date  _________ Graduate degree to date
__________ Major  _________ Major
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, Stony Brook University, 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".

____________________________________________________________________________________________________________

PERSONAL ESSAY (REQUIRED ATTACHMENT)
Since more than scholastic aptitude is involved in admission to an AGC 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, your philosophy of leadership, 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 the SDBL Program

The following section is to be completed by the applicant.

Name: _________________________
   Last Name: __________________
   First Name: _________________
   M.I: _______________________

Address: __________________________________________________________________________________________________
   No. &Street: __________________
   City: __________________________
   State: _________________________
   Zip: ___________________________

Home Phone: (____)__________________ Work Phone: (____)__________________ Email: __________________________

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. ____________

<table>
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<tr>
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<th>Upper 1-2%</th>
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Would you admit the applicant to your department?  ☐ Assuredly ☐ Probably ☐ Possibly ☐ No

Signature _________________________________________________________________________________________________

Print Name   ___________________________________________________________ Date  ______________________________

Position  _______________________________  Address ________________________________________________________

5/00
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: __________________________

Semester  ☐ Fall 20___  ☐ Spring 20___  ☐ Summer 20___

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________________________________________  ______________________________
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________________________________________  ______________________________
Signature  Print Name  Date  Address

Position  ___________________________________________  Address ________________________________________________________

5/00
School of Professional Development  
State University of New York at Stony Brook  
Stony Brook, NY 11794-4310 
Recommendation Form for the SDBL Programs

The following section is to be completed by the applicant.

Name: __________________________  ____________________________________________

Address: __________________________________________________________________________________________________

No. &Street  City  State  Zip

Home Phone: (____)__________________  Work Phone: (____)__________________  Email: __________________________

Applying to (circle one): SDL  SBL  Semester  ☐ Fall 20___  ☐ Spring 20___  ☐ Summer 20___

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__________________________________________________________________           ___________________________________
Signature of Student  Date

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Would you admit the applicant to your department?  ☐ Assuredly  ☐ Probably  ☐ Possibly  ☐ No

Signature _________________________________________________________________________________________________

Print Name ___________________________  Date ______________________________

Position ___________________________  Address _____________________________

5/00
**PART I–REQUIRED IMMUNIZATION INFORMATION**

Please have your physician complete either Section I and/or Section II and sign.

**DATE OF BIRTH:_____ / _____ / _____**

**Name ____________________________ ID# ____________________________**

(Print) Last                                                     First                                               Middle

Home Address ____________________________________________________________ (____) ____________________

Number and Street                                                                 City/Town                                    State          Zip Code         Home Telephone

E-mail Address ________________________________________________________________ (____) ____________________

Emergency Contact ____________________________________________________________ Relationship ____________________ (____) ____________________

Physician’s Signature/Stamp ____________________________ Date ____________________________

New York State Public Health Law and Stony Brook University Policy require that **all** students (Undergraduate, Transfer, Graduate, SPD students, Certificate Program students, and Distance Learners) return a completed immunization form.

- **Students born before 1957 are exempt from the Measles, Mumps, and Rubella vaccine requirement.**

Immunization information can be obtained from the following sources: Your private medical practitioner, high school health office, previous college health service (transfer students), or infant records held by parents that are signed by a physician. **Have your physician’s office complete the enclosed Immunization Form and return it to the Student Health Service before the first day of classes.** It is important that we receive the immunization information before that date so your form can be processed early to avoid registration/de-registration problems.

### PART I–REQUIRED IMMUNIZATION INFORMATION

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
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</table>
| SECTION I | **List TWO** dates of “MMR” (Measles, Mumps, Rubella) vaccine inoculation: .................. and ...............  
(Two doses of live vaccine administered on or after the first birthday after 1/68)  
OR attach a copy of an immunization record **signed** by a practitioner. |
| SECTION II | **A: MEASLES**—complete **ONE** of the following:  
1. **TWO** dates 30 days apart of Measles vaccination: .......................................................... and ...............  
(Live vaccine administered on or after the first birthday after 1/68)  
2. Approximate date of Measles infection (disease): ..........................................................  
3. Date of blood test for Measles Immunity: .......................................................... Results ...............  
(Pos/Neg/Equiv) |
| | **B: MUMPS**—complete **ONE** of the following:  
1. **ONE** date of Mumps vaccination: ..........................................................  
(Live vaccine administered on or after the first birthday after 1/69)  
2. Approximate date of Mumps infection (disease): ..........................................................  
3. Date of blood test for Mumps Immunity: .......................................................... Results ...............  
(Pos/Neg/Equiv) |
| | **C: RUBELLA (German Measles)**—complete **ONE** of the following:  
1. **ONE** date of Rubella vaccination (live vaccine): ..........................................................  
2. Date of blood test for Rubella Immunity: .......................................................... Results ...............  
(Pos/Neg/Equiv) |