Graduate Application for Admission

Please use this application for all graduate degree and certificate programs in the:

- Frank J. Rooney School of Adult and Continuing Education
- Adrian Dominican School of Education
- College of Arts and Sciences
- College of Health Sciences
- School of Human Performance and Leisure Sciences
- Andreas School of Business

where you belong

To obtain applications for all other programs, contact:
Office of Admissions
11300 NE Second Avenue
Miami Shores, FL 33161-6695

You may also apply online at:
www.barry.edu/gradapply

www.barry.edu
GENERAL INFORMATION

1. You may be admitted to graduate studies at Barry University in any of Barry’s nine schools: Adult and Continuing Education, Arts and Sciences, Business, Education, Health Sciences, Human Performance and Leisure Sciences, Law, Podiatric Medicine, and Social Work.
2. Graduate degrees are granted at the master’s, doctoral, and specialist levels.
3. Teacher certification/recertification programs are available in a number of content areas.
4. Admission to a degree program is based on academic performance in all work from regionally accredited or internationally listed colleges or universities, submission of the appropriate entrance exam scores when required, and additional requirements as specified by the department to which you are applying.
5. An admission decision cannot be reached until your file is current and complete.
6. It is your responsibility to ensure that all required credentials are forwarded to the Office of Admissions.
7. Questions regarding the application process may be directed to:
   Office of Admissions
   305-899-3100 or 800-695-2279
   Fax: 305-899-3101
   E-mail: gradadmissions@mail.barry.edu

ADMISSION PROCESS

1. The admission process begins when the application and application fee are received in the Office of Admissions.
2. Upon receipt, an acknowledgment will be sent to you.
3. The following documents must also be submitted: all transcripts, required recommendations, statement of purpose, entrance exam scores (if applicable), teaching certificate (if applicable), and licensure (if applicable). A resume and/or personal interview may also be required by some schools.
4. When all necessary documentation is received, the file will be forwarded to the appropriate school.
5. A decision will be rendered by the school.
6. After a decision is made, a message will be posted at your MyBarry account (www.barry.edu/mybarry), and you will be notified by letter.

APPLICATION INSTRUCTIONS/INFORMATION

1. Send all documents related to your application to the Office of Admissions.
2. Your Social Security number should appear on all documents, including checks for application fees and deposits. This number is used for identification purposes only.
3. Notify the Office of Admissions immediately if your name, address, or phone number changes.
4. All credentials become the property of the University and cannot be copied or returned.
5. To check on the status of your application, please call 305-899-3100 or 800-695-2279.

DEADLINES

Complete applications should be received at least one month prior to the anticipated starting date. Specific deadlines apply for certain degree programs. You may obtain specific deadline information from each school.

APPLICATION FEE

1. Print your name and Social Security number on your check or money order.
2. You must submit the application fee, in U.S. funds, with the application.
3. The $30 application fee (waived for Barry alumni) is a processing fee and is nonrefundable.

TRANSCRIPTS

1. If you are a Barry graduate, you need not request Barry University transcripts.
2. If you are currently a Barry student, you must inform the Office of Admissions when your degree has been posted to the transcript.
3. Use of Transcript Request Forms (included) will expedite receipt and processing of transcripts. All transcripts must be official.
4. Transcripts in your possession will not be accepted unless in an official envelope sealed by the institution issuing the transcripts.
5. Transcripts showing degree(s) earned must be from a regionally accredited U.S. institution or a recognized international institution.
6. Transcripts received from non-U.S. institutions must be translated and evaluated by a recognized agency. (For a list of recognized agencies, contact the Office of Admissions or refer to www.naces.org/members.htm.) This is your responsibility. The translation/evaluation supplements the official document, but does not replace it. Original official transcripts are required for admission.

ADMISSION STATEMENT

1. On a separate sheet of paper, state as specifically as possible: (a) your reasons for selecting Barry University; (b) your professional plans upon completion of your degree; and (c) any information you believe will help the Admissions Committee in the evaluation your application. (Nursing and anesthesiology applicants, please refer to your respective supplement.)
2. Please attach your typed statement of purpose to the application.
3. Include your name, Social Security number (for identification purposes), desired program, and page number on each page.

LETTERS OF RECOMMENDATION

1. Recommendations should be on the forms provided or on the recommender’s business letterhead. Letters on plain paper will not be accepted.
2. Recommendations should be sent directly from the person writing the recommendation to the Office of Admissions.
3. References will be verified at random by the Office of Admissions.

DISABILITY STATEMENT

Barry University provides reasonable academic accommodations in compliance with all federal and state laws. If you require accommodations for preadmission meetings, contact the Office of Admissions. Upon acceptance to the University, you may contact the Office of Disability Services by voice/TDD (305-899-3488), fax (305-899-3055), or e-mail (disabilityservices@mail.barry.edu) to arrange for any accommodations you may require and to submit appropriate documentation. Additional information can be found at www.barry.edu.

CHECKLIST OF REQUIRED ITEMS

1. Complete application
2. Application fee (as required)
3. ALL official transcripts
4. GRE/MAT or other test scores (as required)
5. Letters of recommendation
6. Statement of purpose
7. License or teaching certificate (as required)
PERSONAL INFORMATION (Please print or type)

Legal Name __________________________________________________________________________________________________________________
Indicate all other names (married, maiden, adoptive) which may appear on your credentials ________________________________________________________________
Mailing Address _____________________________________________________________________________________________________________
City __________________________________ State __________________ ZIP __________________ Country _____________________________
E-mail _______________________________________________________________________________________________________________________
Phone: Home (______) ___________________ Cell (______) ___________________ Work (______) ___________________ Ext. __________
Fax (______) _________________________
Citizenship ______________________________________________________Resident Alien Number_________________________________________
Social Security Number**________ - ________ - _________   or Barr y ID Number _______________________________________________________
Gender Male Female
Birthplace ___________________________________ Birthdate ___________________________________________________________________
If you wish to be identified as a member of a racial/ethnic group, please indicate which group:
American Indian or Alaskan Native  Asian or Pacific Islander  Black or African American  Hispanic  White/Caucasian  Other______________________________

INTENDED PROGRAM
To complete the information below, please consult the enclosed Graduate Programs insert.

Intended School __________________________________________________Intended Program __________________________________________________________
Intended Degree __________________________________________________ Location _______________________________________________________
Intended Concentration/Subspecialty/Track (if applicable) __________________________

GENERAL INFORMATION
Expected Entry Date: Fall 20____  Spring 20____  Summer I 20____  Summer II 20____  Full-time ____ Part-time ____
Have you attended Barry University before?  Yes  No Dates of Attendance ___________________________________
Full name at time of attendance ________________________________________________________________
How did you hear about this program at Barry University? _____________________________________________
EDUCATIONAL BACKGROUND

List all colleges and professional schools attended. It is your responsibility to request that an official transcript from each school be sent directly to the Barry University Office of Admissions. If a degree is pending, request one transcript to be forwarded immediately and one when the degree is posted on the transcript. Use an extra sheet for additional information.

<table>
<thead>
<tr>
<th>Name, city, state, country of institution(s) attended (Do not use acronyms)</th>
<th>Dates of Attendance</th>
<th>Degree</th>
<th>Date Received/Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Undergraduate Major __________________________________________ Minor ____________________________________

If you have ever received failing grades, been placed on probation, or been dismissed from or denied readmission to any college, explain the circumstances on a separate sheet.

List school, civic, business, professional, or other similar organizations in which you have been active.

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

Are you available for a personal interview, if requested? □ Yes □ No

OCCUPATIONAL BACKGROUND

List recent positions held, name of employer, and your immediate supervisor or principal. Use additional pages if necessary. You may submit a current resume in lieu of completing this section.

<table>
<thead>
<tr>
<th>Occupation/Title</th>
<th>Dates of Employment</th>
<th>Employer Name, Address (include Country), Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

Florida RN License # __________________________________________ Renewal Date __________________________

(Copy required with application)
RECOMMENDATIONS
Refer to the University Catalog for reference requirements in each degree program. It is your responsibility to request recommendations from the individuals listed below. Recommendations must be on the forms provided or on the recommender’s business letterhead. These recommendations will become a part of your permanent file. Please ask that all recommendation forms be directed to the Barry University Office of Admissions.

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Association with Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

SECTION FIVE

ADMISSION TEST REQUIREMENTS (Check University Catalog for test requirements.)
Official scores should be sent to the Barry University Office of Admissions.

DAT (Dental Admission Test) Date taken/scheduled _______________________________
EAT (English Assessment Test) Date taken/scheduled _______________________________
GMAT (Graduate Management Admission Test) Date taken/scheduled _______________________________
GRE (Graduate Record Exam – General Aptitude) Date taken/scheduled _______________________________
MAT (Miller Analogies Test) Date taken/scheduled _______________________________
MCAT (Medical College Admission Test) Date taken/scheduled _______________________________
TOEFL* (Test of English as a Foreign Language) Date taken/scheduled _______________________________

*minimum score of 550 (213 for computer-based, 79 for Internet-based TOEFL)

SECTION SIX

ADMISSION STATEMENT
For degree-seeking applicants (excluding nursing and anesthesiology programs*):
On a separate sheet of paper, state as specifically as possible: (a) your reasons for selecting Barry University; (b) your professional plans upon completion of your degree; and (c) any information that you believe will help the Admissions Committee in the evaluation of your application.

*Nursing and anesthesiology applicants, please refer to your respective application supplement.
Graduate Programs

Complete Parts 1 and 2 and return this form with your application

Name_________________________________________________________________________________________________________

Social Security Number**________ - ________ - _________   or Barry ID Number______________________________________________________

Last First Middle

Used for identification purposes only

PART I: Graduate Degree/Certificate Programs (Check your intended program)

COLLEGE OF ARTS AND SCIENCES

Communication

- Broadcasting Certificate (CT.BRDC)
- Communication, MA General (MA.MCOM)
- Communication, MA with specialization in Broadcast Communication (MA.MCOM#BDCT)
- Communication, MA with specialization in Public Relations and Corporate Communication (MA.MCOM#PRCC)

Fine Arts

- Photography, MA (MA.PHO)
- Photography, MFA (MFA.PHO)

Interdisciplinary Studies

- Liberal Studies, MA (MA.LIBA)

Psychology

- Clinical Psychology, MS (MS.CLI)

Theology

- Doctor of Ministry, DMin (DMI.DMIN)
- Hispanic/Latino Theology/Ministry Certificate (CT.MIN)
- Pastoral Theology, MA (MA.PTHE)
- Pastoral Ministry for Hispanics, MA (MA.PASM)
- Practical Theology, MA (MA.PRAT)

SCHOOL OF ADULT AND CONTINUING EDUCATION

- Administration, MA (MA.ADMS)
- Public Administration, MPA (MPAA.PUB)

ANDREAS SCHOOL OF BUSINESS

- Accounting, MSA (MSA.MSA)
- Business Administration, General (MBA.MBA)
- Business Administration, MBA (MBA.MBA) with a specialization in one of the following areas: (check ONE only)
  - Accounting (MBA.MBA#ACC)
  - Finance (MBA.MBA#FIN)
  - Health Services Administration (MBA.MBA#HSA)
  - International Business (MBA.MBA#INB)
  - Management (MBA.MBA#MAN)
  - Marketing (MBA.MBA#MAR)
- Management, MS (MS.MAN)
- Post-Graduate Certificate Program in the following areas: (check ONE only)
  - Finance (CT.MFIN)
  - Health Services Administration (CT.MHSA)
  - International Business (CT.MINB)
  - Management (CT.MMAN)
  - Marketing (CT.MMAR)

ADRIAN DOMINICAN SCHOOL OF EDUCATION

Counseling

- Marital, Couple, and Family Counseling/Therapy,
  - MS (MS.COU#MACF)  EdS (EDS.COU#MACF)
- Marital, Couple, and Family/Mental Health Counseling, Dual Specialization,
  - MS (MS.COU#MAHC)  EdS (EDS.COU#MAHC)
- Mental Health Counseling,
  - MS (MS.COU#MHC)  EdS (EDS.COU#MHC)
- Mental Health Counseling and Rehabilitation Counseling, Dual Specialization,
  - MS (MS.COU#RCMH)
- Rehabilitation Counseling,
  - MS (MS.COU#RHC)  EdS (EDS.COU#RHC)

- School Counseling,
  - MS (MS.COU#SCC)  EdS (EDS.COU#SCC)

Educational Leadership

- With Certification,
  - MS (MS.EDBC)  EdS (EDS.EDBC)
- Without Certification,
  - MS (MS.EDS)  EdS (EDS.EDS)
- Certification only,
  - MS required (TC.EDSC)
- International Catholic Track,
  - MS (MS.EDIC)
- Florida Catholic Schools Track,
  - (Certificate) (TC.EDFC)
Exceptional Student Education
- Exceptional Student Education, MS (MS.ESE)
- With specialization in Autism, MS (MS.ESEU)
- With specialization in Gifted, MS (MS.ESEG)

Montessori Education
- Certificate (TC.EEM)
- Early Childhood, MS (MS.EEM#ECHD), EdS (EDS.EEM#ECHD)
- Elementary, MS (MS.EEM#ELE), EdS (EDS.EEM#ELE)

Organizational Learning and Leadership
- MS, Organizational Leadership (MS.OLL)
- MS, Organizational Leadership with a specialization in Higher Education (MS.OLL#HED)

Psychology
- Psychology, MS (MS.PSY)
- School Psychology, SSP (SSP.SCP)

Reading
- MS (MS.REA), EdS (EDS.REA)
- Non-certification track, MS (MS.REAN)

COLLEGE OF HEALTH SCIENCES
- Anesthesiology, MS (MS.ANE) – Requires supplemental application
- Biology, MS (MS.BIO)
- Biomedical Sciences, MS (MS.BMS)
- Health Services Administration, MS (MS.HSA)
- Certificate in Health Services Administration (CT.HSA) – Specify area
  - Health Care Leadership
  - Health Care Planning and Informatics
  - Long-Term Care Management
  - Medical Group Practice Management
  - Quality Improvement and Outcomes Management
- Public Health, MPH (MPH.PHL)

Division of Nursing
- MSN with specialization in
  - Administration, MSN (MSN.NUA)
  - Administration (Bridge), MSN (MSN.NUAS)
  - Education, MSN (MSN.NUE)
  - Education (Bridge), MSN (MSN.NUES)
  - Practitioner
    - Adult Acute Care Nurse Practitioner, MSN (MSN.NUAA)
    - Adult Acute Care Nurse Practitioner (Bridge), MSN (MSN.NUCS)
    - Family Nurse Practitioner, MSN (MSN.NUF)
    - Family Nurse Practitioner (Bridge), MSN (MSN.NUFS)
  - Nursing Administration/Business Administration, Dual Degree Option, MSN/MBA (MSN.NMBA)
  - Nursing, DNP (DNP.DNP) (Application deadline is March 15)
  - Nursing, PhD (PHD.NPHD)
  - Post-Master’s Certification for MSN prepared nurses
    - Administration (CT.NUAD)
    - Education (CT.NUED)
    - Family Practitioner (CT.NMPF)
    - Adult Acute Care (CT.NAAD)

SCHOOL OF HUMAN PERFORMANCE AND LEISURE SCIENCES

Movement Science
- General, MS (MS.MVTS)
- Exercise Science, MS (MS.MVTS#EXS)
- Injury and Sport Biomechanics, MS (MS.MVTS#ISB)
- Sport and Exercise Psychology, MS (MS.MVTS#SEP)
- Sport Management, MS (MS.SPM)
- Sport Management/Business Administration, Dual Degree Option, MS/MBA (MS.SMBA)

PART 2: Location for Classes (Check your intended location for classes. Please note that not all programs are offered at all locations. Contact the specific school for more information.)

- Miami Shores Main Campus
- Brevard County (Merritt Island)
- Broward County
- Collier/Lee County (Ft. Myers)
- Marion County (Ocala)
- Orange County (Orlando)
- Sarasota County (Venice)
- Palm Beach County
- Pinellas County (St. Petersburg)
- Treasure Coast (Port St. Lucie)
- Miami-Dade County (other than Main Campus)
- Other___________
Dear Prospective Student:

Please fill in the reverse side of this Transcript Request Form and send it to all colleges/universities you attended. If classes (credits) have been transferred to another college, we still must receive a transcript from the originating college. Full acceptance cannot be made until all transcripts are received. If you need more forms, please feel free to make copies.

Thank you for your prompt attention to expediting transcript request information.
Transcript Request Form

To: REGISTRAR

Date _____________________

_____________________________________________________________________________________________________________

Name of College/University

___________________________________________________________________________________________________________________________________________________________

Address                                                                                                         City and State ZIP

Transcript Request Form

PLEASE SEND A TRANSCRIPT OF MY RECORD

TO:

BARRY UNIVERSITY
Division of Enrollment Management
Attn: Office of Admissions
11300 NE Second Avenue
Miami Shores, FL 33161-6695

I attended your school from _______(mo.)______(yr.) to _______(mo.)______(yr.)
Name used while attending ____________________________
Social Security # ________–_____–___________ (for identification purposes)
Full legal name _____________________________________
Address ____________________________ Apt. _________
City & State ___________________________ ZIP __________
Daytime phone ____________________________
Signature ______________________________________

Transcript Request Form

To: REGISTRAR

Date _____________________

_____________________________________________________________________________________________________________

Name of College/University

___________________________________________________________________________________________________________________________________________________________

Address                                                                                                         City and State ZIP

Transcript Request Form

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Full legal name _____________________________________
Address ____________________________ Apt. _________
City & State ___________________________ ZIP __________
Daytime phone ____________________________
Signature ______________________________________

Transcript Request Form

To: REGISTRAR

Date _____________________

_____________________________________________________________________________________________________________

Name of College/University

___________________________________________________________________________________________________________________________________________________________

Address                                                                                                         City and State ZIP

Transcript Request Form

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TO:

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Name used while attending ____________________________
Social Security # ________–_____–___________ (for identification purposes)
Full legal name _____________________________________
Address ____________________________ Apt. _________
City & State ___________________________ ZIP __________
Daytime phone ____________________________
Signature ______________________________________
Graduate Programs

TO THE APPLICANT: Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Office of Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

Name_______________________________________________________________________________________Social Security Number*________-_____- _________
Address _______________________________________________________________________________________________________
Program ______________________________________________________________________________________________________

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the act, you have the right, if you enroll at Barry, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. You must check the appropriate box indicating whether or not you wish to waive this right and sign your name.

☐ I waive any right of access I may have to this recommendation form.
☐ I do not waive any right of access I may have to this recommendation form.

Signature  ______________________________________ Date

TO THE RESPONDENT: The above-named individual is applying to a graduate program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying an evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant’s strengths and/or weaknesses as indicated below.

(Please print or type) You may also submit your recommendation from an OFFICIAL email address to gradadmissions@mail.barry.edu

1. I have known the applicant as ☐ an undergraduate student; ☐ a graduate student; ☐ other ______________________________

2. I have known the applicant since______________________________, in my position as ___________________________________

Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No Basis</th>
<th>Very Low</th>
<th>Average</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Motivation for academic work</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>B. Intellectual ability</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>C. Creativity</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>D. Breadth of general knowledge</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>E. Grasp of field</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>F. Oral expression</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>G. Written expression</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>H. Initiative</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>I. Resourcefulness</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>J. Emotional maturity</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>K. Cooperation</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>L. Promise as a researcher</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
</tbody>
</table>
3. Please provide other comments related to the applicant’s potential success in a graduate program that you believe would be of importance to the Graduate Admissions Committee.

4. I recommend this applicant:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Moderately</th>
<th>Enthusiastically</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

Signature of the Respondent ______________________________________________________________________________________

Name __________________________________________________________________Date __________________________________

Title _____________________________________________________Phone (____)_____________________Ext. ________________

E-mail ________________________________________________________________________________________________________

Company/Institution ____________________________________________________________________________________________

Address _______________________________________________________________________________________________________

Questions? Call 305-899-3113 or 800-695-2279.

Please mail form directly to:
TO THE APPLICANT: Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Office of Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695.

Name_______________________________________________________________________________________Social Security Number*________-_____- _________
Address _______________________________________________________________________________________________________
Program ______________________________________________________________________________________________________

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☐ I waive any right of access I may have to this recommendation form.
☐ I do not waive any right of access I may have to this recommendation form.

_________________________ __________________________
Signature Date

TO THE RESPONDENT: The above-named individual is applying to a graduate program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying an evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant’s strengths and/or weaknesses as indicated below.

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2. I have known the applicant since ____________________________, in my position as ____________________________

Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.

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<td>A. Motivation for academic work</td>
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<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8</td>
<td>9 10</td>
</tr>
<tr>
<td>D. Breadth of general knowledge</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
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<tr>
<td>E. Grasp of field</td>
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<tr>
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</tr>
<tr>
<td>L. Promise as a researcher</td>
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<td>7 8</td>
<td>9 10</td>
</tr>
</tbody>
</table>
3. Please provide other comments related to the applicant’s potential success in a graduate program that you believe would be of importance to the Graduate Admissions Committee.

4. I recommend this applicant: Not at all Moderately Enthusiastically

1 2 3 4 5 6 7 8 9

Signature of the Respondent ________________________________________________________________

Name ___________________________ Date ___________________________

Title ___________________________ Phone (____) ___________ Ext. ___________

E-mail ___________________________

Company/Institution ________________________________________________________________

Address ____________________________________________________________________________

Questions? Call 305-899-3113 or 800-695-2279.

Please mail form directly to:

DIVISION OF ENROLLMENT MANAGEMENT
11300 NE Second Avenue
Miami Shores, FL 33161-6695
admissions@mail.barry.edu

Office of Admissions: 305-899-3113
Office of Financial Aid: 305-899-3673
Toll-free Admissions and Financial Aid: 800-695-2279
Fax: 305-899-2971

www.barry.edu
I certify that the information given in this application is complete and accurate. I realize that my application cannot be reviewed until all requested credentials have been received by the Office of Admission, that it is my responsibility to support these credentials, and that concealment or misrepresentation of any college registration, academic, or disciplinary record – undergraduate and graduate – may cancel and nullify my application for admission. If accepted, I agree to comply with the regulations of the University and to pay all fees required. I understand that all documents and credentials become the property of Barry University and will not be copied or returned.

Signature

Date

In administering its affairs, the University shall not discriminate against any person on the basis of race, creed, religion, color, national or ethnic origin, sex, age or physical disability. This nondiscrimination includes policies and procedures related to membership on the Board of Trustees, the educational program, employment and personnel practices, admissions, scholarships/grant/loan awards, and participation in athletic and other student activities.