



Rensselaer

APPLICATION INFORMATION AND INSTRUCTIONS

We appreciate your interest in the educational opportunities at Rensselaer at Hartford. If you have any questions regarding the application materials or process, please call a Program Manager at (860) 548-5600, or (800) 433-4723, ext. 5600. Completed application and all supporting materials should be mailed to:

**OFFICE OF ENROLLMENT MANAGEMENT
RENSELAER AT HARTFORD
275 WINDSOR STREET
HARTFORD, CT 06120-2991**

All courses are open to qualified applicants. Persons who wish to join the International Scholars Program must comply with all Rensselaer at Hartford regulations.

For the International Scholars Program, an admission decision will be made as completed applications are received. Applications will only be accepted until the program reaches capacity. ***An admissions decision cannot be made until the application is complete.*** The application process includes submission of the \$75 nonrefundable processing fee, transcripts, recommendations, and any other supporting documents requested by the director of admissions. You will be notified in writing of the admission decision. Please note that your application and supporting materials cannot be returned. You are welcome to call the Office of Enrollment Management at (860) 584-2420, or (800) 433-4723, ext. 2420, to check if your credentials have arrived.

Rensselaer at Hartford admits qualified students without regard to age, race, color, gender, sexual orientation, religion, national or ethnic origin, veteran status, marital status, or disability.

APPLYING FOR DEGREE STATUS

You may apply for degree status if you have received a bachelor's degree from an accredited undergraduate institution and have demonstrated a competitive academic record. Two letters of recommendation, as well as an official copy of all transcripts will be reviewed to determine if you have the necessary academic qualifications to undertake a graduate program. In some cases conditional admission may be offered.

Transcripts and Recommendations

It is your responsibility to request official transcripts from every institution listed on your application, whether or not a degree was awarded. If you are currently taking courses which are not listed on your transcript, please include a course list with your application; official transcripts are required upon course completion. Current students or recent college graduates may request references from professors. A current résumé must also be submitted with all applications.

Rensselaer Alumni

Transcripts of current and former Rensselaer Polytechnic Institute students will be obtained by the Office of Admissions at no charge.

Application Processing Fee

A \$75 check or money order payable to Rensselaer at Hartford should accompany your application as a nonrefundable processing fee. The full name of the applicant should be written on the front of the check or money order. You may also charge your fee to Discover, Visa, or MasterCard by calling the Office of Enrollment Management.

International Applicants

Rensselaer at Hartford has prepared an information brochure that specifically outlines the admission process for international applicants. To obtain your copy, please write or call:

Rensselaer at Hartford
275 Windsor Street
Hartford, CT 06120-2991
U.S.A.

(860) 548-2420 Direct
(800) 433-4723, Ext. 2420
(860) 548-7823 Fax
isp@ewp.rpi.edu

Please remember that the time required to obtain your visa may be lengthy. Therefore, you are encouraged to complete your application well in advance.

Checklist of Required Application Materials

- Application
- \$75 Application Fee
- Official Transcript(s)
- Résumé
- Two Letters of Recommendations
- Statement of Personal Goals
- Immunization Verification Certificate
- Lists of Courses in Progress
- GMAT Scores for M.B.A. Applicants



PERSONAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Full Name Mr. Ms. Other _____
 (please specify) _____
 Last (Family) First (Given) Middle Former name(s) (if applicable)

U.S. Social Security Number _____ - - Birth Date _____ / _____ / _____ Place of Birth _____
 Month Day Year City State Country

Country of Citizenship _____ (Specify) If not U.S., what is your current visa type? _____

Permanent Address _____ ()
 Street City State Zip Code A/C Telephone Number

Temporary Address _____ ()
 Street City State Zip Code A/C Telephone Number

(Valid Until) _____ / _____ / _____
 Month Day Year

Home Phone () _____ Other Phone () _____ E-mail Address _____
 A/C A/C

Please identify any friend, relative, or employer who is authorized by you to request and receive information regarding your application. This is the only other person with whom we can discuss your file.

Name _____ Phone () _____
 A/C

PROGRAM INFORMATION

STUDENT STATUS:

Full-time (12 credit hours per term)

DEGREE STATUS:

Degree-seeking

CAMPUS:

Hartford, Conn.

DEGREE TO BE EARNED

ISP - Information Technology

ISP - Enterprise Management

M.S. Computer Science

M.S. Information Technology

M.S. Management

M.B.A. (GMAT Required)

TERM AND YEAR OF INTENDED ENTRANCE

Summer (May - Aug.), Year _____



Rensselaer

Recommendation for Graduate Study

Attn: Donald Pendagast, Rensselaer at Hartford
275 Windsor Street, Hartford, CT 06120-2991

Note to the Applicant: If you are a current student or a recent graduate, the form may be given to a professor with whom you have studied. Please send the completed recommendation form to the above address.

Type or Print Clearly

Name of Applicant _____
Last (Family) First (Given) Middle Former or Other Names

Applicant's Address _____
Street City State or Country Zip Code

Applicant for Degree(s) of Master of Science In the Rensselaer Department(s) of _____

Special Field of Interest International Scholars Program Intended Semester and Year of Entrance _____

Birth Date (Month) _____ (Day) _____ (Year) _____ Date Given/Mailed to Recommender: _____

Name of Recommender: _____ Occupation: _____

Address of Recommender: _____

Confidentiality: The information requested below will be used to render a graduate admission decision and will be held in confidence. Admission recommendations are destroyed prior to enrollment.

Note to the Writer of the Letter of Recommendation: Because we believe the information requested below will be of great value in the admission decision, it will be appreciated if you use this form. If, however, you prefer to substitute a letter of recommendation, please do so. To ensure full admission consideration, please return your reference as soon as possible directly to Rensselaer at Hartford at the mailing address on the top of this form. Thank you for your time.

1. How long have you known the candidate? _____ years and/or _____ months

In what capacity? _____

2. How does this applicant compare to other seniors graduate students other _____
Please check the group(s) with whom you are comparing the applicant in your ratings.

Please specify

| | Top 5% Outstanding | Top 10% Excellent | Top 25% Above Average | Top 50% Fair/Average | Bottom 50% Below Average | Not Observed |
|----------------------|-----------------------|----------------------|--------------------------|-------------------------|-----------------------------|-----------------|
| Academic Promise | | | | | | |
| Motivation | | | | | | |
| Creativity | | | | | | |
| Research Potential | | | | | | |
| Speaking Skills | | | | | | |
| Writing Skills | | | | | | |
| Mathematical Ability | | | | | | |
| Overall | | | | | | |

(continued on page VI)

4. What do you feel are the applicant's areas of strength and areas for growth? Any additional comments you wish to make would be appreciated.

Signature _____ Date _____

Name _____ Position _____
(Please print)

Employer _____ Phone () _____
(A/C)



Attn: Donald Pendagast, Rensselaer at Hartford
275 Windsor Street, Hartford, CT 06120-2991

Note to the Applicant: If you are a current student or a recent graduate, the form may be given to a professor with whom you have studied. Please send the completed recommendation form to the above address.

Type or Print Clearly

Name of Applicant _____
Last (Family) First (Given) Middle Former or Other Names

Applicant's Address _____
Street City State or Country Zip Code

Applicant for Degree(s) of Master of Science In the Rensselaer Department(s) of _____

Special Field of Interest International Scholars Program Intended Semester and Year of Entrance _____

Birth Date (Month) _____ (Day) _____ (Year) _____ Date Given/Mailed to Recommender: _____

Name of Recommender: _____ Occupation: _____

Address of Recommender: _____

Confidentiality: The information requested below will be used to render a graduate admission decision and will be held in confidence. Admission recommendations are destroyed prior to enrollment.

Note to the Writer of the Letter of Recommendation: Because we believe the information requested below will be of great value in the admission decision, it will be appreciated if you use this form. If, however, you prefer to substitute a letter of recommendation, please do so. To ensure full admission consideration, please return your reference as soon as possible directly to Rensselaer at Hartford at the mailing address on the top of this form. Thank you for your time.

1. How long have you known the candidate? _____ years and/or _____ months

In what capacity? _____

2. How does this applicant compare to other graduate students seniors other _____
Please check the group(s) with whom you are comparing the applicant in your ratings.

Please specify

| | Top 5% Outstanding | Top 10% Excellent | Top 25% Above Average | Top 50% Fair/Average | Bottom 50% Below Average | Not Observed |
|----------------------|-----------------------|----------------------|--------------------------|-------------------------|-----------------------------|-----------------|
| Academic Promise | | | | | | |
| Motivation | | | | | | |
| Creativity | | | | | | |
| Research Potential | | | | | | |
| Speaking Skills | | | | | | |
| Writing Skills | | | | | | |
| Mathematical Ability | | | | | | |
| Overall | | | | | | |

(continued on page VIII)

4. What do you feel are the applicant's areas of strength and areas for growth? Any additional comments you wish to make would be appreciated.

Signature _____ Date _____

Name _____ Position _____
(Please print)

Employer _____ Phone () _____
(A/C)



Rensselaer

Statement of Personal Goals

Type or Print Clearly

Name of Applicant _____
Last (Family) First (Given) Middle Former or Other Names

U.S. Social Security Number _____

Note to International Scholars Program applicants: Please specifically address your interest in joining the International Scholars Program in this statement. What interests you about the program and what do you believe you will contribute to the cohort?

Signature _____ Date _____



Connecticut State Law requires that all students born after Dec. 31, 1956 and enrolled in postsecondary schools be protected against measles and rubella. **Requirements for measles are: two doses, the first to be given after Jan. 1, 1969 and on or after the first birthday and the second dose given after Jan. 1, 1980. For rubella the requirement is one dose administered after the first birthday.** Therefore, if you have not already been immunized, you should request the two doses from your clinic or physician. If you have already received one dose of the vaccine, it is advisable to see your physician or clinic to ensure adequate immunization.

This section may be completed by the student. Please print or type.

| | | |
|---------------------------------------|-------------------|------------------------|
| name of student (last, first, middle) | birth date | social security number |
| | | |
| address (include street, town, zip) | home phone number | work phone number |
| | () | () |
| physician's name/address | | physician phone number |
| | | () |

This section must be completed by either a physician or someone operating under the direction of a physician, i.e. school nurse, physician's assistant, nurse practitioner. Two measles doses must be recorded.

Record of Immunization

| 1st dose | 2nd dose | lab evidence of immunity | |
|-----------|-----------|--------------------------|----------------|
| mo/day/yr | mo/day/yr | date of test | result of test |
| Measles | | | |
| Rubella | | | |

I hereby certify that this student has received the immunization(s) or has laboratory evidence of immunity as indicated.

(physician's stamp or DEA number) _____
signature of physician _____ date _____
OR

_____ date _____
person authorized by a physician to sign

(Please stamp with your Medicaid or similar name/address stamp and sign.)

(In lieu of the signature of the physician or designee on this form the student may present a duly completed and appropriately signed immunization certificate to the Office of the Registrar.)

Measles and Rubella Immunization as Required by Law Public Act 89-90

Connecticut State Law requires that all full-time and/or part-time students born after 12/31/56 who are currently enrolled in postsecondary schools be protected against Measles and Rubella.

The certificate on this page will assist you in fulfilling your obligation concerning this legislation. This certificate must be completed, signed, and stamped by a physician.

It is mandatory that this certificate be submitted prior to the first day of classes. If it is not submitted by that time, you will not be allowed to attend classes.

Exemptions to this policy must be submitted in writing to the Office of the Registrar. They are:

1. certification by a physician that immunization is medically inadvisable, or
2. certification of a confirmed case of such disease by a physician or town director of health, or
3. a signed statement that immunization is contrary to your religious beliefs.

Should you have any questions or problems with this requirement, please call the Office of the Registrar, (860) 548-7844.