

APPLICATION FOR ADMISSION

Office of Admissions and Records

The Cooper Union

for the Advancement of Science and Art
30 Cooper Square
New York, NY 10003

Tel: 212.353.4120

Fax: 212.353.4342

cooper.edu

admissions@cooper.edu

CEEB Code: 2097

Please print in ink.

☐ September 2014

A \$70 nonrefundable application fee must be submitted with this application.

Make checks payable to The Cooper Union. Only checks or money orders will be accepted. Your cancelled check is your receipt.

Check one category:

☐ First-Year Applicant

☐ Transfer Applicant

☐ Master of Engineering

Note: Master of Architecture II *see separate application*

Check only one major from the following:

The Irwin S. Chanin School of Architecture¹

☐ Bachelor of Architecture
(5-year degree)

First-Year Deadline: Jan 6

Transfer Deadline: Jan 6

The School of Art*

☐ Bachelor of Fine Arts
(4-year degree)

☐ **Early Decision
Deadline:** Dec 2

First-Year Deadline: Jan 6

Transfer Deadline: Jan 6

The Albert Nerken School of Engineering

☐ **Bachelor of Engineering Programs** *Check one*

☐ Chemical Engineering

☐ Civil Engineering

☐ Electrical Engineering

☐ Mechanical Engineering

☐ **Master of Engineering** *Also see additional application*

☐ **Early Decision Deadline** (First-Year only): Dec 2

First-Year Deadline: Feb 3

Transfer Deadline: Feb 3

Master of Engineering Deadline: Feb 17

Social Security #

Name ☐ Mr. ☐ Ms.

First

Middle

Last

Last name while in high school if now different:

Date of Birth

Birthplace

City / State / Country

Are you a U.S. citizen?

☐ Yes ☐ No

Are you a Permanent Resident?

☐ Yes ☐ No

If not, what type of visa do you have?

☐ A ☐ B ☐ F ☐ G ☐ H ☐ Not Applicable

☐ I ☐ J ☐ R ☐ L ☐ M ☐ Other

Do you hold an I-20 from any institution?

☐ Yes ☐ No

Home Address

No. and Street

Apt#

County

City and State

Zip Code

Mailing Address

No. and Street

Apt#

County

City and State

Zip Code

Telephone ()

Cellphone ()

E-mail address

***Please do not include any support material—i.e., slides, sketchbooks, CDs/DVDs—at this time. We will accept portfolio work which accompanies your home test. The home test will be sent to you in December (Early Decision Applicants) and January (Regular Decision Applicants).**

Year of H.S. Graduation _____ Name of Your High School _____

Address of High School _____
No. and Street _____

City and State _____ Zip Code _____ CEEB Code _____

Is this the first time you are seeking either a two or four year college degree? ☐ Yes ☐ No

How did you find out about The Cooper Union? _____

Have you ever applied to The Cooper Union prior to this year? If so, when? _____

Have you ever attended an Open House or Tour at The Cooper Union? ☐ Yes ☐ No

Have you ever attended a Portfolio Day? ☐ Yes ☐ No

If yes, please indicate where and when. _____

Parent/Guardian/Partner/Spouse 1 Name: ☐ Mr. ☐ Ms. _____

Home Address _____
No. and Street _____ Apt# _____ County _____ City and State _____ Zip Code _____

Telephone _____ E-mail address _____

Occupation _____ Employer _____

Is your Parent/Guardian/Partner/Spouse 1 a college graduate? ☐ Yes ☐ No

If so, what college(s)? _____

Parent/Guardian/Partner/Spouse 2 Name: ☐ Mr. ☐ Ms. _____

Home Address _____
No. and Street _____ Apt# _____ County _____ City and State _____ Zip Code _____

Telephone _____ E-mail address _____

Occupation _____ Employer _____

Is your Parent/Guardian/Partner/Spouse 2 a college graduate? ☐ Yes ☐ No

If so, what college(s)? _____

Is English your first language? _____

Note: All applicants (first-year, transfer and graduate students) **MUST** answer the following questions:

Have you been convicted of a felony? ☐ Yes ☐ No Have you been dismissed from a college for disciplinary reasons? ☐ Yes ☐ No

Ethnic Survey Response is voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment. The information is being collected for statistical purposes only and will not be used in a discriminating manner.

Are you Hispanic/Latino? ☐ Yes ☐ No

With which ethnic group are you most closely identified?

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Puerto Rican—Commonwealth | <input type="checkbox"/> Caribbean American |
| <input type="checkbox"/> Puerto Rican—Mainland | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Cuban American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Latino | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Japanese | (please specify) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese-Lao-Tian-Cambodian | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> South Asian-Indian-Pakistani | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Multi-ethnic |
| | | <input type="checkbox"/> Other |

All applicants should sign below to verify that the information on this application is complete and accurate to the best of your knowledge, and that it is your own work:

Signature _____ Date _____

Only transfer and graduate engineering applicants should answer the following:
(If you do not complete this section, you will not be eligible to receive any credit for previous work.)

Colleges attended

Name	Date	Credits Completed	Major
------	------	-------------------	-------

Address

City and State	Zip Code	CEEB Code
----------------	----------	-----------

Colleges attended

Name	Date	Credits Completed	Major
------	------	-------------------	-------

Address

City and State	Zip Code	CEEB Code
----------------	----------	-----------

Colleges attended

Name	Date	Credits Completed	Major
------	------	-------------------	-------

Address

City and State	Zip Code	CEEB Code
----------------	----------	-----------

Colleges attended

Name	Date	Credits Completed	Major
------	------	-------------------	-------

Address

City and State	Zip Code	CEEB Code
----------------	----------	-----------

Do you plan to graduate?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If so, when?

Are you in good academic standing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Are you eligible to return to college last attended?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If no, please explain

Reasons for desiring transfer

If you have been out of college more than four months, indicate what you have been doing since leaving school.

over: Master's Degree Applicants only

APPLICANTS | MASTER OF ENGINEERING ONLY

Full-Time Employment Record:

Indicate the most recent full-time position and list others on a separate page appended to this application.

From	To
Company	Address
Position	Job Description

Extra-Curricular Activities:

Professional Engineering Societies

Honor Societies

Research Projects (include details of papers delivered or published)

Graduate Engineering

Check ☐ major option you intend to follow in the Graduate Engineering Program at Cooper Union:

☐ Chemical ☐ Civil ☐ Electrical ☐ Mechanical

Please indicate the minor you intend to follow in the Graduate Engineering Program at Cooper Union (optional):

Are you working in any of the fields checked above? ☐ Yes ☐ No

Have you had your thesis subject approved? ☐ Yes ☐ No

Who will be your thesis adviser? (optional)

I understand that I am expected to complete the prescribed curriculum for the course in which I am enrolled and that I will be retained only if I comply with the scholastic requirements and the regulations of the School of Engineering Graduate Program.

Signature Date

APPLICANTS | MASTER OF ARCHITECTURE II ONLY

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This application and all supporting materials must be received in the Office of Admissions and Records by February 3, 2014.

Please refer to the website for other required documents and materials.

The Irwin S. Chanin School of Architecture | Master of Architecture II

State your intended area of study (required):

☐ Urban Studies ☐ History and Criticism ☐ Technologies

Social Security #

Name ☐ Mr. ☐ Ms.

First

Middle

Last

Gender ☐ Male ☐ Female

Last name while in high school if now different:

Date of Birth

Birthplace

City / State / Country

Home Address

No. and Street

Apt#

City/State

Zip Code

Mailing Address

No. and Street

Apt#

City and State

Zip Code

Telephone ()

e-mail address

Are you a U.S. citizen?

☐ Yes ☐ No

If not a U.S. citizen, country of citizenship

Are you a permanent resident? ☐ Yes ☐ No

What type of visa do you have?

☐ A

☐ B

☐ F

☐ G

☐ H

☐ I

☐ J

☐ R

☐ L

☐ M

☐ Other

☐ Not applicable

Do you hold an I-20 from any institution?

☐ Yes

☐ No

How did you learn about The Cooper Union?

ACADEMIC INFORMATION

Please list all high schools, colleges and universities attended and degree(s) attained.

Note: You must have completed a first professional accredited degree in architecture at least 2 years prior to applying to the program.

High School

Name	CEEB Code	Year of Graduation
Address		
No. and Street	City/State	Zip Code

College attended

Name	Dates
Address	
No. and Street	City/State Zip Code
Degree attained	
Date	

College attended

Name	Dates
Address	
No. and Street	City/State Zip Code
Degree attained	
Date	

NATIVE AND FOREIGN LANGUAGE INFORMATION

Native language

Indicate other languages and ability

Language

Written proficiency ☐ High ☐ Medium ☐ Low Verbal proficiency ☐ High ☐ Medium ☐ Low

Language

Written proficiency ☐ High ☐ Medium ☐ Low Verbal proficiency ☐ High ☐ Medium ☐ Low

RECOMMENDATIONS

List three people who will write a recommendation letter in support of your application.

Name	College/University/Organization
------	---------------------------------

Name	College/University/Organization
------	---------------------------------

Name	College/University/Organization
------	---------------------------------

RELEVANT WORK EXPERIENCE

Employer	Position held	Start date	End date
Address			
No. and Street	City/State	Zip Code	

Employer	Position held	Start date	End date
Address			
No. and Street	City/State	Zip Code	

Employer	Position held	Start date	End date
Address			
No. and Street	City/State	Zip Code	

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- | | | |
|---|--|--|
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| <input type="checkbox"/> Puerto Rican—Mainland | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Cuban American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Latino | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Japanese | (please specify) | <input type="checkbox"/> Native American Indian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese-Lao-Tian-Cambodian | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> South Asian-Indian-Pakistani | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Multi-ethnic |
| <input type="checkbox"/> Other | | |

I certify that the information provided on this application is, to the best of my knowledge, complete and accurate.

I understand that any misrepresentation may be cause for being denied admission.

Your application will not be processed without your signature.

Signature _____ Date _____

First Name _____ Last (family) Name _____

Date of Birth _____

Incomplete applications cannot be considered.

Please refer to the website for other documents and materials required for a complete application.

<http://apply.cooper.edu>