

**LIU**

Hudson

LONG ISLAND UNIVERSITY

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**APPLICATION  
FOR  
ADMISSION**

[liu.edu/hudson](http://liu.edu/hudson)

# WELCOME TO LIU HUDSON!

This booklet contains the graduate admissions application you requested, along with all of the instructions you will need to complete the application process. Should you have any questions or concerns, please feel free to contact the Admissions Office at (914) 831-2700.

## Checklist:

- Completed graduate application
- \$50 application fee
- Official transcripts from all colleges and universities attended
- Personal statement
- Letters of recommendation
- Academic writing sample (if required)
- Résumé
- Completed MMR/meningitis form
- Refer to Table 1: Application Requirements to determine if there are any additional requirements for your specific program

If you have questions about your application, please call the Admissions Office.



# Application Instructions

## 1. The Application Form

Complete the application form enclosed in this booklet. Be sure to answer all questions on the application. Don't forget to sign and date it. Students are advised to file their applications and supporting materials as early as possible. Applications will be reviewed when all supporting documentation is received.

## 2. The Application Fee

Attach a non-refundable check or money order for \$50 to the front of the application form. Make check payable to LIU. Please make sure that your name appears on your check or money order.

## 3. Transcripts

Request official copies of transcript(s) from the college(s) you attended. Have the transcripts sent directly to LIU Hudson's Admissions Office.

## 4. Letters of Recommendation

Letters of recommendation should be from professional sources such as an employer, a supervisor, a professor or an academic official who is familiar with your academic history and achievement. Letters of recommendation should not be personal in nature. Please refer to Table 1: Application Requirements to determine how many letters are required for your specific program. Recommendation forms, included in this packet, may be used, or separate reference letters may be submitted. In either case, they should be mailed directly to LIU Hudson.

## 5. Graduate Admissions Tests

Please refer to **Table 1: Application Requirements** for requirements for your specific program. It is the applicant's responsibility to request that the Educational Testing Service (ETS) forward official copies of GMAT scores directly to the Graduate Admissions Office. (For GMAT scores write ETS at: Box 966, Princeton, New Jersey 08540.) The Educational Testing Services code for LIU Hudson is 002751.

## 6. Personal Statement

As part of the admissions process, we request a personal statement. Your personal statement should be one or two pages typed. It should address the reasons why you are interested in pursuing graduate work at LIU Hudson in your prospective area of study.

## 7. Additional Materials

Submit any additional materials that are required by your specific discipline with your application packet. Please refer to **Table 1: Application Requirements** for requirements for your program. **Send application and all supporting documentation to:**

LIU Hudson  
Attention: Ms. Dorado  
735 Anderson Hill Road  
Purchase, NY 10577-1402

## 8. Immunization

The New York State Health Department requires college and university students born on or after January 1, 1957 to be immunized for measles, mumps and rubella. All students attending the University must show proof of immunization if they wish to register for classes. Applicants must also submit a completed immunization form for meningococcal meningitis.

## 9. Non-Degree Applicants

Applicants who do not wish to matriculate for a degree may take a limited number of courses for certification, professional advancement or personal enrichment, but are not classified as graduate degree-seeking students. Non-degree students subsequently may matriculate by submitting an application for graduate admissions and official credentials, and by satisfying the admission requirements of the degree sought. Typically, only six credits may be taken as a non-matriculant and then transferred into a degree program. Courses completed as a non-degree student may be credited toward the degree. Please consult the current LIU Hudson bulletin for further information. Non-degree students are ineligible for University scholarships or awards.

To be considered for admission as a non-degree student, applicants must submit the following to the Admissions Office at LIU Hudson:

- Completed application form, accompanied by a non-refundable application fee of \$50
- Evidence of an earned bachelor's degree. (A copy of the diploma or an unofficial "student copy" of the transcript is acceptable.)
- Completion of an Application for non-degree admission

No application will be considered until all required documentation has been received. Materials should be submitted before the opening of the semester in which the student wishes to enroll.

**Send application and all supporting documentation to:**

LIU Hudson at Westchester  
735 Anderson Hill Road  
Purchase, NY 10577-1402

## 10. Scholarships and Awards

All applications for matriculation automatically are evaluated for scholarship/award eligibility.

# LIU HUDSON SCHOLARSHIPS AND AWARDS\*

All scholarships and awards require matriculation into a master's degree or advanced certificate program. In order to have any scholarship or award applied to a tuition bill, a student must complete a FAFSA form online at [fafsa.ed.gov](https://fafsa.ed.gov). Scholarship commitments are honored for three years from the date of the award. With the exception of the Recommend-A-Friend Scholarship (see below), students will receive only one scholarship or award. There is no minimum number of credits which must be taken each semester, nor are recipients required to register every semester in order to maintain their eligibility. All scholarships and awards are subject to change, and new awards may become available from time to time. Please check with the Financial Aid Office for the most up-to-date information.

## **Advanced Certification Scholarship for Westchester and Rockland Public School Teachers**

A 25% tuition reduction offered to full-time, certified classroom teachers from Westchester or Rockland County public schools for one advanced certificate in teaching.

## **Bilingual Extension Advanced Certificate Scholarships**

If you are a teacher in a bilingual or dual language program in a New York State public school and do not currently hold a bilingual extension, you may be eligible for the Intensive Teacher Institute (ITI) stipend, sponsored by the NYS Education Department. Qualified candidates may be able to take advantage of the ITI subsidy as well as a matching University award. For more information, please email [helaine.marshall@liu.edu](mailto:helaine.marshall@liu.edu).

## **Bilingual Extension TESOL Advanced Certificate Scholarships**

An Intensive Teacher Institute stipend and a matching University tuition award for certified teachers in bilingual or dual language programs who do not hold a bilingual extension or TESOL certificate, or for those already certified in special education seeking bilingual or TESOL certification.

## **BOCES Rockland/Westchester Scholarship**

A 25% tuition reduction is offered to any professional employee of a Westchester or Rockland County BOCES pursuing either a master's degree or an advanced certificate. Proof of professional employment by a Westchester or Rockland County BOCES must be provided each semester.

## **Career Ladder Scholarship for Teacher Education**

A 25% tuition reduction for paraprofessionals and teaching assistants employed by any Westchester, Rockland, Fairfield, Bronx or Bergen County school district. Reduction applies to all credits earned for a master's degree leading to teacher certification, school counseling or school psychology.

\* subject to change

## **Chamber of Commerce Member**

A 25% tuition reduction is provided for Mahopac, Mahwah (N.J.), Orange County, Yonkers or New Rochelle Chamber of Commerce members pursuing an M.B.A. at LIU Hudson.

## **City of Yonkers Government Employee Scholarship**

A 25% tuition reduction for a student's master's degree for City of Yonkers, N.Y., government employees. Proof of employment by the government of the City of Yonkers, N.Y., must be provided each semester.

## **County Government Employee Scholarship**

A 25% tuition scholarship for a student's master's degree for Westchester, Rockland, Bergen, Fairfield and Bronx County employees. Proof of employment by Westchester, Rockland, Fairfield, Bergen or Bronx County must be provided each semester. Entry awards, for spouses and dependent children of County employees, offer a one-third tuition reduction for a student's first six credits toward a master's degree.

\* subject to change

## Credit Bank Scholarships

Awards are based on previous undergraduate academic performance rather than financial need. Students are assessed automatically upon acceptance into a master's degree or advanced certificate program and then notified of the award. There are three levels of Credit Bank Scholarship:

### Merit Scholarship

Scholarship awarded based on a cumulative undergraduate GPA of 3.5 or above. Tuition charges will be waived for a total of six (6) graduate credits.

### Incentive Scholarship

Scholarship awarded based on a cumulative undergraduate GPA of 3.3 or above. Tuition charges will be waived for a total of four (4) graduate credits.

### Graduate Scholarship

Tuition charges will be waived for a total of two (2) graduate credits awarded based on a cumulative undergraduate GPA of 3.2 or above.

## Deanna Giordano Special Education Scholarship

A \$1,000 scholarship awarded to a current special education master's degree student with a 3.8 GPA or above. Must have completed the majority of credits toward a special education Master's degree. Final selection to be made by the Academic Oversight Committee and approved by the dean and chief operating officer of LIU Hudson at Westchester.

## Dominican and Concordia Scholarship

A Dominican College or Concordia College graduate with a GPA of 3.0 or above is eligible for an Alumni Scholarship. This is a one-third reduction in tuition for the length of a master's degree or advanced certificate program.

## M.B.A. Cohort Scholarship

This scholarship adjusts tuition costs from 10%-25% based on the number of company employees who enroll at the same time in our M.B.A. program. For one to four employees the tuition reduction is 10%; for five to seven employees, the tuition reduction is 20%; and for eight or more employees, the tuition reduction is 25%. Individuals receiving this scholarship must provide proof of continued employment every semester.

## Purchase Community Scholarship

A 25% reduction in tuition for the student's Master's degree program for graduates of colleges located in Purchase, N.Y.

## Recommend-A-Friend Scholarship Program (RAF)

A three-credit scholarship offered to current Master's degree students who refer a new student to LIU Hudson. The referred student is required to enroll as a matriculated student in a Rockland, Westchester or West Point degree program and complete six graduate credits with a grade of B or better in each course. See RAF application for more detailed requirements. There is no limit to the number of nominees a current student can recommend or the number of RAF scholarships a student may receive.

## LIU Hudson Alumni Scholarship

A 25% tuition reduction for those who have already completed a master's degree in Rockland or Westchester and are returning to pursue further graduate study at either campus. Student must be matriculated into an advanced certificate or second master's degree program.

## Non-Profit Scholarship

A 25% tuition reduction is provided for students in the M.P.A. in health or public administration, the M.S. in mental health counseling or the M.B.A. program. Proof of employment in an approved Westchester or Rockland County based non-profit organization must be provided each semester. Student must be matriculated in the M.P.A. in health or public administration, M.S. in mental health counseling or M.B.A. programs.

# TABLE 1: APPLICATION REQUIREMENTS

(NYS Public Health Law 2165 requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement. All students born after 1/1/57 are required to submit proof of immunization. The form is attached in this packet. All students must complete page 2 Immunization Record Form relating to meningococcal meningitis.)

**ALL programs require a bachelor's degree and submission of two sets of official degree-noted transcripts from each college or university attended.**

| PROGRAM   | LETTER OF RECOMMENDATION | STANDARDIZES TESTS  | ADDITIONAL REQUIREMENTS   |
|---|--------------------------|---|---|
| Health or Public Administration (MPA)   | Two Letters              | None Required   | GPA of 3.0 or Higher<br>Personal Statement and Résumé   |
| Pharmaceutics (MS)  | Two Letters              | None Required   | Major in a related science field  |
| Educational Leadership (MSEd)   | Two Letters              | None Required   | Provisional/Initial Teaching or Educational Specialty Certification, Teaching Experience, Résumé  |
| Educational Leadership Advanced Certificate   | Two Letters              | None Required   | Master's Degree, Permanent/Professional Teaching or Educational Specialty Certification, Teaching or Educational Specialty Experience, Résumé |
| Counseling or Therapy (MS)<br>Mental Health<br>Counseling and<br>Marriage and Family<br>Therapy | Two Letters              | None Required   | Personal Statement, Résumé,<br>Academic Writing Samples, Immunization Forms   |
| Education (MSEd)<br>All teacher<br>education programs   | Two Letters              | GRE or its<br>equivalent*   | Personal Statement, Résumé, Immunization Forms  |
| Education (MSEd)<br>School Counselor and<br>School Psychologist                                 | Two Letters              | None Required   | Personal Statement, Résumé, Academic Writing<br>Samples, Immunization Forms   |
| Business Administration (MBA)   | Two Letters              | GMAT required<br>unless applicant<br>has previous<br>master's degree, CPA<br>license, J.D. or<br>M.D. degree, or at<br>least seven years of<br>significant business<br>experience | Personal Statement, Résumé, Immunization Forms  |

\*This requirement may be waived depending upon a candidate's certification status and prior academic achievement.

Note: Occasionally there are changes in the admissions requirements. If any additional documentation is required for your specific program, the Graduate Admissions Office will notify you upon receipt of your application. It may be possible to be admitted on a limited matriculant basis if a student does not meet the admissions requirements.

# LIU HUDSON APPLICATION FOR GRADUATE ADMISSION

*Please print legibly or type all information requested.*

|   |                 |       |              |   |                   |  |
|---|-----------------|-------|--------------|---|-------------------|--|
| NAME:   | Last            | First | Middle       | Maiden or other name appearing on records | Social Security # | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| HOME ADDRESS:   | Number & Street |       | City & State |   | Zip Code          |  |
|   |                 |       |              |   |                   | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| BUSINESS ADDRESS  |                 |       |              |   |                   | Home Phone:  |
| DATE OF BIRTH   |                 |       |              |   |                   | Business Phone:  |
| CITIZENSHIP   |                 |       |              |   |                   | Cell Phone:  |
| mm/dd/yyyy  |                 |       |              |   |                   |  |
| <input type="checkbox"/> U.S.A. <input type="checkbox"/> Other Specify _____ Type of Visa _____                                     |                 |       |              |   |                   |  |
| Applying for admission effective  |                 |       |              |   |                   | E-mail:  |
| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer   Year: 20 ____                       |                 |       |              |   |                   |  |
| Applying as a:  |                 |       |              |   |                   |  |
| <input type="checkbox"/> Matriculated Student <input type="checkbox"/> Non-Degree Student <input type="checkbox"/> Visiting Student |                 |       |              |   |                   |  |
| Degree sought:  |                 |       |              |   |                   | Home Campus:   |
| <input type="checkbox"/> M.B.A. <input type="checkbox"/> M.S.Ed. <input type="checkbox"/> M.S. <input type="checkbox"/> Adv. Cert.  |                 |       |              |   |                   | <input type="checkbox"/> West Point  |

Major: \_\_\_\_\_

EDUCATION STUDENTS - Do you possess teaching/counseling/psychology certification?  NYS  Other \_\_\_\_\_

If yes, check one or both:  Provisional    Permanent    Initial    Profe    ssional   Other \_\_\_\_\_

Have you taken the GMAT \_\_\_\_ GRE \_\_\_\_ Other \_\_\_\_\_

Yes  When? \_\_\_\_\_ No  If required in your program when do you plan to take it? \_\_\_\_\_

MILITARY STATUS - Are you:  Veteran of U.S. Armed Forces    Active Military Duty    Military Reservist

Are you applying for readmission?   Yes  No  When did you last attend this campus? \_\_\_\_\_

**EDUCATIONAL BACKGROUND – List in chronological order, beginning with the most recent, ALL SCHOOLS attended beyond the secondary level.**

| Name & Location of Institution | Month & Year of attendance   | Major | Number of credits completed | Degrees (received or expected) and dates. |
|--------------------------------|------------------------------|-------|-----------------------------|---|
|                                | from                      to |       |                             |   |
|                                | from                      to |       |                             |   |
|                                | from                      to |       |                             |   |
|                                | from                      to |       |                             |   |

**EMPLOYMENT EXPERIENCE: Please list current and previous positions (or military assignment).**

| Dates | Employer | Address | Title/Position |
|-------|----------|---------|----------------|
|       |          |         |                |
|       |          |         |                |
|       |          |         |                |

References: 1. \_\_\_\_\_

2. \_\_\_\_\_

I certify that the information in this application is complete and accurate and I agree to abide by all the policies and regulations of the University as they appear in the LIU Hudson Bulletin.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(over)

How did you hear about LIU Hudson?

- Newspaper ad in \_\_\_\_\_  Mailing  Web site  
 Radio \_\_\_\_\_  Word of Mouth  Other \_\_\_\_\_

Explain the degree to which you feel your grades as an undergraduate student reflect your true ability.

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**OPTIONAL:**

- Which of these best describes your background?  American Indian/Alaskan Native  Black/Non-Hispanic  
 White, Non-Hispanic  Asian/Pacific Islander  Hispanic  Other

**PERSONAL STATEMENT:**

On a separate sheet of paper, write a brief statement (1-2 pages) explaining your purpose, objective and goals for undertaking graduate studies at LIU Hudson.





# Letter of Recommendation

Please return to the Admissions Office

## **RECOMMENDATION LETTER (MUST BE A PROFESSIONAL REFERENCE)**

TO BE FILLED OUT BY APPLICANT - Please Print

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Program: \_\_\_\_\_

I agree that this letter of recommendation should remain confidential, and I knowingly and freely waive my right to view it.

I do not agree.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

### TO THE RECOMMENDER:

The person whose name appears above has applied to one of the programs at LIU Hudson. The Admissions Office would appreciate your candid appraisal of the applicant. If you wish to use a letter or different format for evaluation, please feel free to do so. Thank you.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

How successful do you think the applicant will be in a graduate program? \_\_\_\_\_

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We would appreciate your estimate of the applicant's aptitude for graduate study and promise for professional development, general character and stability. Comments regarding the applicant's oral and written communication skills, judgement and maturity, and sense of responsibility and commitment also would be most valuable.

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# MMR/MENINGITIS FORM

## Section 1: Student Information

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State ZIP

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Major: \_\_\_\_\_ Starting Semester: \_\_\_\_\_

### Measles, Mumps, and Rubella Requirements

New York State Public Health Law (NYS PHL) §2165 mandates that all incoming students born on or after Jan. 1, 1957, must be immunized against measles, mumps, and rubella. Students need to present proof of immunization or laboratory results indicating immunity against measles, mumps, and rubella before registering for their classes. Proof of age must be submitted for those born prior to 1957.

**TWO** measles vaccines given after 1968; on or after your first birthday; and at least 28 days apart.

**ONE** mumps vaccine given on or after your first birthday and dated 1969 or later.

**ONE** rubella vaccine given on or after your first birthday and dated 1969 or later.

Or

**TWO MMR** vaccines given after 1972; on or after your first birthday; and at least 28 days apart.

Or

**Blood test (MMR titer)** showing immunity to measles, mumps, and rubella. Original lab report must be submitted to the Medical Service Office.

Or

**Proof of disease** for measles/mumps with complete date (month/day/year) confirmed by a licensed health care provider.

#### Acceptable proof of immunity may include:

1. Immunization cards from childhood.
2. Immunization records from college, high school, or other schools you attended.
3. Immunization records from your health care provider or clinic.

**Section 2: Immunization History** – For all students born on or after Jan.1, 1957. **May be completed by health care provider.** Instructions to the health care provider: All dates must include month/day/year. Please mark an “x” in the appropriate boxes.

|    |  |
|----|--|
| A. | <b>MMR (measles, mumps, rubella) – if given as a combined dose instead of individual immunizations</b><br><input type="checkbox"/> Dose 1 – immunized after 1 year of age and after 1972 _____/_____/_____<br><input type="checkbox"/> Dose 2 – Immunized at least 28 days after first MMR and after 1972 _____/_____/_____  |
| OR | <input type="checkbox"/> Measles Dose 1 Immunized on or after Jan.1, 1968 or after first birthday _____/_____/_____<br><b>AND</b><br><input type="checkbox"/> Measles Dose 2 Immunized at least 28 days after the first dose _____/_____/_____<br><input type="checkbox"/> Mumps Immunized with live vaccine after 1 year of age and after 1969 _____/_____/_____<br><input type="checkbox"/> Rubella Immunized with vaccine on or after 1 year of age _____/_____/_____ |
| OR | <input type="checkbox"/> Measles Disease (must be confirmed by a licensed health care provider) _____/_____/_____<br><input type="checkbox"/> Mumps Disease (must be confirmed by a licensed health care provider) _____/_____/_____   |
| OR | Titre (blood test) showing positive immunity for: Actual Lab results MUST be attached<br>Date: _____ <input type="checkbox"/> Measles    Date: _____ <input type="checkbox"/> Rubella    Date: _____ <input type="checkbox"/> Mumps  |

### Section 3: Provider Information

THIS FORM WILL NOT BE ACCEPTED IF THIS SECTION IS NOT COMPLETED IN ITS ENTIRETY

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

License #: \_\_\_\_\_ State of License: \_\_\_\_\_

Provider Phone:(\_\_\_\_\_) \_\_\_\_\_

**Provider Stamp Required:**

## Meningococcal Meningitis Vaccination Requirements:

On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. This law is effective as of Aug. 15, 2003.

### Colleges in New York are required to maintain a record of the following for each student:

1 A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian. This must include information on the availability and cost of meningococcal meningitis vaccine;

#### AND EITHER

- A record of meningococcal meningitis quadrivalent immunization within the past 10 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or minor student's parent or guardian.

### Meningococcal Meningitis Disease Risk:

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

In February 2005, the CDC recommended a new vaccine, known as Menactra™ for use to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Menomune™ is still available for this age group, as well as for children 2-10 years old and adults older than 55 years. Both vaccines are 90% effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135) which cause about 70% of the disease in the United States.

Meningitis vaccine is available FREE if 18 years of age and under at UHMS LIU Brooklyn. It should also be available via your private health care provider. Cost varies along with coverage and ranges from \$80-150. We recommend this vaccine for all students residing on campus.

You can also find information about the disease at the New York State Department of Health Website:

<http://www.health.state.ny.us/> or the American College Health Association (ACHA) Website: [WWW.ACHA.ORG](http://WWW.ACHA.ORG)

### Section 4: Meningococcal Meningitis Vaccination Response:

I have read and/or had explained to me the information above regarding meningococcal meningitis disease and I understand the risks of not receiving the vaccine. I was also given information on how to obtain a copy of the DOHHS/CDC Vaccine Information Statement dated 10/14/11. My signature below confirms the following:

I received the vaccine meningococcal meningitis immunization (Please circle one: Menomune-MPSV4-/Menactra/Menveo-MCV4)

within the past 10 years as confirmed by my provider on

\_\_\_\_/\_\_\_\_/\_\_\_\_

(If you (your child) received the meningococcal vaccine available before February 2005 called Menomune, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine, Menactra/Menveo should be considered.)

I will not receive the vaccine

**Provider Stamp Required:**

Student \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Signature Date Signature(if student is a minor)

**DUE DATES: Fall Entry Term – Aug. 1 Spring Entry Term – Dec. 1 Summer Entry Term – April 1**

| RETURN THIS FORM TO: |  |
|----------------------|--|
| LIU Brentwood        | LIU Brentwood - Michael J. Grant Campus, 1001 Crooked Hill Road, Brentwood, NY 11717   Fax: 631-287-8575 |
| LIU Brooklyn         | University Health & Medical Services, 175 Willoughby Street, Brooklyn, NY 11201   Office: 718-246-6450   |
| LIU Hudson           | LIU Hudson at Westchester, 735 Anderson Hill Road, Purchase, NY 10577   Attn: Admissions Department      |
| LIU Post             | Medical Services, LIU Post, 720 Northern Blvd., Brookville, NY 11548-1300   Fax: 516-299-4113            |
| LIU Riverhead        | LIU Riverhead - 121 Speonk-Riverhead Road, LIU Bldg., Riverhead, NY 11901   Fax: 631-287-8253            |

### Exemptions:

If you are requesting an exemption, you must provide the requested proof – approval is not automatic.

- **MEDICAL EXEMPTIONS** – (Temporary or Permanent) Requires a formal letter from your doctor detailing condition(s) and duration of the exemption
- **RELIGIOUS** – Students with prior deeply held religious aversions may request a waiver by submitting a detailed request.

## **LIU Hudson**

LIU Hudson offers more than 70 graduate programs leading to master's degrees and advanced certificates in education, school counseling, school psychology, mental health counseling, marriage and family therapy, business (MBA), public administration (MPA), and pharmaceuticals. Our campus and off-site locations are strategically positioned to provide high-quality graduate and continuing education programs to residents of the lower Hudson Valley in New York and neighboring communities in New Jersey and Connecticut.

LIU Hudson programs are distinguished by their successful merger of real-world practice and theoretical constructs and methodologies. Courses are taught by instructors at the top of their field who bring practical knowledge and experience to their teaching.

LIU Hudson is part of LIU, one of the largest and most comprehensive private universities in the United States, offering more than 575 undergraduate, graduate and doctoral degree programs and certificates and educating more than 23,000 students in degree-credit and continuing education programs.

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Purchase, NY 10577  
Tel: 914-831-2700  
[liu.edu/hudson](http://liu.edu/hudson)  
Email: [westchester@liu.edu](mailto:westchester@liu.edu)

