



DIVISION OF COMMUNICATION SCIENCES AND DISORDERS
GRADUATE PROGRAMS

APPLICATION FOR ADMISSION

MASTER OF SCIENCE IN AUTISM SPECTRUM DISORDERS (M.S. in ASD)

CERTIFICATE OF ADVANCED GRADUATE STUDY
IN AUTISM SPECTRUM DISORDERS (C.A.G.S. in ASD)

CERTIFICATE OF ADVANCED GRADUATE STUDY
IN COMMUNICATION SCIENCES AND DISORDERS (C.A.G.S. in CSD)

EDUCATING REFLECTIVE, PRINCIPLED, AND CREATIVE LEARNERS

291 SPRINGFIELD STREET • CHICOPEE MA 01013-2839
413-265-2445 • FAX: 413-265-2459 • WWW.ELMS.EDU

INFORMATION AND INSTRUCTIONS

The Division of Graduate Studies and Continuing Education recommends that you familiarize yourself with individual graduate programs, their requirements, and other pertinent information contained in the Elms College graduate catalog.

Please note that your signature is required in order for the application to be considered complete.

Application Fee

There is a one-time non-refundable application fee of \$30. Please make checks payable to Elms College.

Records and Confidentiality

All information submitted with this application for admission becomes the property of Elms College. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, all application materials will be kept confidential within the confines of Elms College. For further information regarding FERPA, please see the graduate catalog.

Financial Assistance

For information regarding financial assistance, please contact the Financial Aid Office at 413-265-2249.

International Applicants

International applicants are encouraged to apply to the Elms College graduate programs. International applicants who are not United States citizens or permanent resident aliens must submit an F-1 Visa Request Form and supporting documents.

Students whose native language is not English are required to take the Test for English as a Foreign Language (TOEFL), and must score at least 550. Elms College's board number for the TOEFL exam is 3283.

In addition to the usual application materials, international applicants must complete a foreign student application package and abide by all relevant immigration regulations.

For further information, please contact the Division of Graduate Studies and Continuing Education at 413-265-2445.

Advising

Upon acceptance, students will meet for course advising with Dr. Kathryn James, chair of the Division of Communication Sciences and Disorders. All accepted students are expected to meet with their advisors each semester to ensure that they are meeting the requirements of their programs of study.

Application for Admission Deadlines

Elms College has a rolling admissions policy for graduate students allowing application anytime during the year. Although rolling admission eliminates specific deadlines, applicants to either the master of science or the certificate of advanced graduate studies in autism spectrum disorders are encouraged to apply as soon as possible because the number of students we are able to accept into these programs is limited.

Immunization Records

Graduate students enrolling in nine credits or more must submit immunization records to the Health Center. For details, contact the Health Center at 413-265-2288.

Application Requirements

To apply, applicants must possess a baccalaureate degree from an accredited college or university. An undergraduate grade point average of 3.0 or higher, or completion of six credits at the graduate level with an average of 3.0 or higher is required.

In addition, the following documentation is required:

- Two letters of recommendation; one from an academic source and one from a professional source. If the applicant has been out of school for more than two years: both recommendations should be from professional sources.
- Official transcripts from all undergraduate programs and graduate courses.
- Current resume that includes prior education and work experience.
- Goal statement for graduate study.

An interview with the chair of the Division of Communication Sciences and Disorders may also be required for acceptance.

Transfer Credits

After formal admission into an Elms College graduate program, students may transfer up to nine credits of appropriate graduate level course work from other accredited institutions, or from non-degree graduate programs. These courses must carry at least a B (3.0) grade. Each course being transferred must be judged by the division chair to be similar in content to a required course, or appropriate as an elective course. These courses must not have been used to complete degree requirements at another institution.

Name: _____
(name of applicant)

GRADUATE APPLICATION FOR PROGRAMS IN COMMUNICATION SCIENCES AND DISORDERS

Personal Information Date: ____/____/____

Semester of proposed entrance: Fall Spring Summer Year _____

Name: _____
Last Name/Family Name First Middle

Other Names (for transcript purposes only): _____

Gender: Female Male

Social Security Number (for internal purposes only) : _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email address: _____

Work telephone: () _____ Home telephone: () _____ Cell Phone: () _____

ADDITIONAL MAILING INFORMATION

Do you have a second mailing address that would facilitate you receiving important correspondence from Elms College? Yes No

If yes, is this address temporary or a permanent second address?

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: () _____ Start date of second address: ____/____/____ End date of second address: ____/____/____

CITIZENSHIP

Are you a citizen of the United States? Yes No

If not a United States citizen, and currently in the United States, what is your Visa type? F J H Other

Please submit a copy of current visa page from your passport with this application.

If not a United States resident, and a permanent resident of the United States, do you hold an Alien Registration Receipt Card (Green Card)?

No Yes (please enclose a photocopy of both sides of your Alien Registration Card) Alien Number: _____

What is your first language, if not English? _____

The following questions are optional

Religious preference: _____

How would you describe yourself? Check any that apply.

- | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Native American /Alaskan Native – tribal affiliation _____ | <input type="checkbox"/> White, Non Hispanic |
| <input type="checkbox"/> African American Non Hispanic: _____ | <input type="checkbox"/> Multiracial – specify: _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other – specify: _____ |
| <input type="checkbox"/> Black, foreign nationals-specify citizenship: _____ | |

Name: _____
(name of applicant)

EMERGENCY CONTACT INFORMATION

Please provide information for one of the following (check one): Spouse Partner Parent Other

Ms./Mr. _____
(circle one) Last Name/Family Name First Name Middle

Street Address: _____

City: _____ State Zip Country

Telephone : () _____

Program to which you are applying:

M.S. in ASD C.A.G.S. in ASD C.A.G.S. in CSD BACB Course Sequence Only (space available basis only)

How did you hear about Elms College? _____

Have you previously applied to Elms College? Yes No If yes, when? _____

Have you previously attended Elms College? Yes No If yes, dates attended _____ Degree obtained _____

Are you seeking graduate transfer waiver/credit? Yes No

If yes, from which institution(s)? _____

To what graduate programs have you applied, other than Elms College? _____

ADMISSION TEST SCORES

TOEFL: Date (taken or scheduled) _____ Self-Reported TOEFL Score _____
MM/YYYY

EDUCATIONAL BACKGROUND

List (with the most recent first) all colleges, universities, and professional schools you have attended. If currently enrolled in classes, leave end date blank. Attach an additional sheet if necessary.

INSTITUTION	STATE/COUNTRY	MAJOR FIELD (e.g. Biology)	DATES ATTENDED mm/yyyy to mm/yyyy	DEGREE/DIPLOMA (e.g. B.A., B.S., etc.)	DATE AWARDED OR EXPECTED mm/yyyy

Name: _____
(name of applicant)

PROFESSIONAL WORK EXPERIENCE

List each position chronologically, beginning with the most recent.

ORGANIZATION	LOCATION	POSITION/CLINICAL AREA	WORK TYPE	DATES EMPLOYED mm/yyyy to mm/yyyy

CLINICAL EXPERIENCE

ORGANIZATION	ROLE	DATES mm/yyyy to mm/yyyy

PROFESSIONAL, COMMUNITY, OR PUBLIC ACTIVITIES

Honor Society Membership(s)

--

Other Honors/Professional Achievements

--

Awards

--



ELMS COLLEGE GRADUATE RECOMMENDATION FORM

To the applicant: enter your full name, and the full name and title of the recommender. Give an envelope to the recommender, and have him/her mail the form to: Elms College, Division of Graduate Studies and Continuing Education, 291 Springfield Street, Chicopee, MA. 01013-2839

INTENDED PROGRAM

- Master of science (M.S) in Autism Spectrum Disorders (ASD); 30 credit minimum
- Master of science (M.S) in Autism Spectrum Disorders (ASD) (Practicum required); 36 credit minimum
- Certificate of Advanced Graduate Study (C.A.G.S.) in Autism Spectrum Disorders (ASD); 30 credit minimum
- Certificate of Advanced Graduate Study (C.A.G.S.) in Autism Spectrum Disorders (ASD) (Practicum required); 36 credit minimum
- Certificate of Advanced Graduate Study (C.A.G.S.) in Communication Sciences and Disorders
- BACB Course Sequence Only (space available basis only)

Section 1 (to be completed by applicant):

The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding waiver of the right to access to this reference before giving it to the person who will be submitting the recommendation.

Student name: _____
Last (Family name) First Middle Other last names

Semester/year of desired entry: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

I waive my rights to inspect the contents of this recommendation.

I **do not** waive my rights to inspect the contents of this recommendation.

Signature Date

Signature Date

Print name of the person providing reference: _____

To the recommender: The person named above is applying for admission to the specified graduate program at Elms College, and has requested that your evaluation be included as part of the information on which the admissions committee will base its decision. Graduate candidates must be able to fulfill the intellectual requirements of graduate study and possess personal qualifications essential to professional performance. We would appreciate your prompt, candid evaluation.

1. How long have you known the applicant? _____ In what capacity? _____

2. We would appreciate your written comments on this applicant. They will be carefully considered by the admissions committee and will play a key role in our evaluation. Please describe the talents, strengths, and areas of needed improvement for the applicant as they could relate to graduate study. Please supply a narrative as a separate attachment.

3. Personal and professional appraisal:

Please place an X in the box that most accurately describes this candidate.

Characteristics	Superior (Upper 5%)	Above Average (Upper 10%)	Average (Upper 25%)	Below Average (Upper 50%)	Insufficient Information
Intellectual ability					
Leadership ability					
Competence in professional practice					
Personal motivation/initiative					
Ability to work with others					
Flexibility					
Ability to work independently					
Written communication skills					
Oral communication skills					
Interpersonal skills					
Analytical ability and problem-solving skills					

4. Recommendation for graduate study:

Strongly recommend Recommend Recommend with reservations (noted above) Do not recommend (noted above)

Among the _____ number of students I have taught in the past _____ years, this student ranks in the _____ %.

Please type or print:

Your name: _____

Title: _____

Organization: _____

Address: _____
Number and street

_____ *City* _____ *State* _____ *Zip*

E-mail: _____

Date: ____ / ____ / ____ Signature: _____

Instructions for returning recommendation

Please mail this recommendation to:

Dana Malone
Elms College
 Division of Graduate Studies and Continuing Education
 291 Springfield Street
 Chicopee, MA 01013-2839



EDUCATING REFLECTIVE, PRINCIPLED, AND CREATIVE LEARNERS

291 SPRINGFIELD STREET • CHICOPEE MA 01013-2839
 413-265-2445 • FAX: 413-265-2459 • WWW.ELMS.EDU



ELMS COLLEGE GRADUATE RECOMMENDATION FORM

To the applicant: enter your full name, and the full name and title of the recommender. Give an envelope to the recommender, and have him/her mail the form to: Elms College, Division of Graduate Studies and Continuing Education, 291 Springfield Street, Chicopee, MA. 01013-2839

INTENDED PROGRAM

- Master of science (M.S) in Autism Spectrum Disorders (ASD); 30 credit minimum
- Master of science (M.S) in Autism Spectrum Disorders (ASD) (Practicum required); 36 credit minimum
- Certificate of Advanced Graduate Study (C.A.G.S.) in Autism Spectrum Disorders (ASD); 30 credit minimum
- Certificate of Advanced Graduate Study (C.A.G.S.) in Autism Spectrum Disorders (ASD) (Practicum required); 36 credit minimum
- Certificate of Advanced Graduate Study (C.A.G.S.) in Communication Sciences and Disorders
- BACB Course Sequence Only (space available basis only)

Section 1 (to be completed by applicant):

The following information must correspond exactly to the information submitted on your application. Indicate your decision regarding waiver of the right to access to this reference before giving it to the person who will be submitting the recommendation.

Student name: _____
Last (Family name) First Middle Other last names

Semester/year of desired entry: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

- I waive my rights to inspect the contents of this recommendation.
- I **do not** waive my rights to inspect the contents of this recommendation.

Signature Date

Signature Date

Print name of the person providing reference: _____

To the recommender: The person named above is applying for admission to the specified graduate program at Elms College, and has requested that your evaluation be included as part of the information on which the admissions committee will base its decision. Graduate candidates must be able to fulfill the intellectual requirements of graduate study and possess personal qualifications essential to professional performance. We would appreciate your prompt, candid evaluation.

1. How long have you known the applicant? _____ In what capacity? _____

2. We would appreciate your written comments on this applicant. They will be carefully considered by the admissions committee and will play a key role in our evaluation. Please describe the talents, strengths, and areas of needed improvement for the applicant as they could relate to graduate study. Please supply a narrative as a separate attachment.

3. Personal and professional appraisal:

Please place an X in the box that most accurately describes this candidate.

Characteristics	Superior (Upper 5%)	Above Average (Upper 10%)	Average (Upper 25%)	Below Average (Upper 50%)	Insufficient Information
Intellectual ability					
Leadership ability					
Competence in professional practice					
Personal motivation/initiative					
Ability to work with others					
Flexibility					
Ability to work independently					
Written communication skills					
Oral communication skills					
Interpersonal skills					
Analytical ability and problem-solving skills					

4. Recommendation for graduate study:

Strongly recommend Recommend Recommend with reservations (noted above) Do not recommend (noted above)

Among the _____ number of students I have taught in the past _____ years, this student ranks in the _____ %.

Please type or print:

Your name: _____

Title: _____

Organization: _____

Address: _____
Number and street

_____ *City* _____ *State* _____ *Zip*

E-mail: _____

Date: ____ / ____ / ____ Signature: _____

Instructions for returning recommendation

Please mail this recommendation to:

Dana Malone
Elms College
 Division of Graduate Studies and Continuing Education
 291 Springfield Street
 Chicopee, MA 01013-2839



EDUCATING REFLECTIVE, PRINCIPLED, AND CREATIVE LEARNERS

291 SPRINGFIELD STREET • CHICOPEE MA 01013-2839
 413-265-2445 • FAX: 413-265-2459 • WWW.ELMS.EDU