



SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES APPLICATION FOR ADMISSION

Online Degree Programs

Intended Term Beginning Semester _____ Year _____

How did you hear about the Elms? _____

PERSONAL INFORMATION

Legal Name _____

Last First Middle Maiden / Other

Address _____

Street or P.O. Box # City State Zip or Postal Code Country

Phone Number (_____) Cell Phone Number (_____) Email _____

Date of Birth ____ / ____ / ____ Male Female Social Security Number _____

Month Day Year

Are you a U.S. citizen? Yes No

What is the best way to contact you? email text message phone call mail

By checking this box I agree that I have read and understand the following statement. Section 6109 of the Internal Revenue Code requires you to give Elms College your social security number (SSN) or taxpayer identification number (TIN) to allow Elms College to file certain information with the IRS. You have the right to refuse to provide this information; however, failure to furnish your SSN or TIN to Elms College may subject you to penalty by the IRS.

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

Address _____

Street or P.O. Box # City State Zip or Postal Code Country

Phone Number (_____) Cell Phone Number (_____) Email _____

CURRENT EMPLOYMENT

Employer _____ Position _____

Address _____ Business Phone (_____) _____

Street or P.O. Box # City State Zip or Postal Code

EDUCATIONAL INFORMATION

High School/GED (If you have not completed 24 college credits)

Name of Institution Location Dates (From/To) Year of Graduation

Colleges (List All Colleges and Universities Attended)

Name of Institution Location Degree Dates (From/To) Year of Graduation

Name of Institution Location Degree Dates (From/To) Year of Graduation

ACADEMIC PROGRAM OF INTEREST:

ONLINE

Speech Language Pathology Assistant (SLPA)

Certificate Certificate Clinical Practicum (only) Associate degree Bachelor degree completion Second Bachelor degree completion

(Optional)

Marital Status: Single Married

Religion: _____

Do you consider yourself to be Hispanic or Latino? Yes No

How would you describe yourself? Check any that apply.

- American Indian, Alaskan Native Mexican American, Mexican Native Hawaiian or other Pacific Islander Black or African American
 Asian White Other

Student Signature

Date

Month/Day/Year

NOTE: This application will be considered incomplete without your signature.

APPLICATION CHECKLIST

All students must submit the following:

- Completed application including your signature. Your signature indicates that all information provided is correct and honestly presented.
- Official transcripts for all courses taken. Please have the college(s) you attended submit sealed transcripts to the School of Graduate and Professional Studies.

Do not open copies directly sent to you. (Note: You must submit a High School Transcript or GED scores if you have not completed 24 college credits).

INFORMATION AND INSTRUCTIONS

Records and Confidentiality

Any and 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. Your application materials will be kept confidential within the confines of Elms College. For further information regarding FERPA, please see the undergraduate catalog.

Financial Assistance

The Financial Aid Office can assist students with information on loans, grants, and scholarships. Call the Financial Aid Office to receive information on the Free Application for Federal Student Aid (FAFSA) at 413-265-2249. Elms College's school code is 002140. The FAFSA does not apply to international students.

Interviews

Interviews may be scheduled at anytime during or upon completion of application process.

Advising

Upon acceptance, the student will meet with the Academic Advisor.

Immunization Records

Students enrolling in nine or more credits, whether online or face to face, in any semester must submit immunization records, a medical history form, a medical examination form and meningitis form to the Health Center. For details, contact the Health Center at 413-265-2288.

Completed Applications

School of Graduate and Professional Studies

Attention: Donna Harvey

Elms College
291 Springfield Street
Chicopee, Massachusetts 01013-2839

Phone: 413-265-2445

fax: 413-265-2459

harveyd@elms.edu