



# SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES DIVISION OF EDUCATION APPLICATION FOR ADMISSION

Master of Education • Master of Arts in Teaching • Certificate of Advanced Graduate Study

## PERSONAL INFORMATION

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Semester of proposed entrance  Fall  Spring  Summer Year \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_  
Last First Middle Maiden / Other

Other names (for transcript purposes only) \_\_\_\_\_

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

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.

## CITIZENSHIP

Are you a U.S. Citizen?  Yes  No If not, would you like to apply for an F-1 Student Visa?  Yes  No

## EMERGENCY CONTACT INFORMATION

Please provide information for one of the following (check one)  Spouse  Partner  Parent  Other (please indicate relationship): \_\_\_\_\_

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 \_\_\_\_\_

## EDUCATION EXPERIENCES

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

INSTITUTION	CITY, STATE	DATES ATTENDED mm/yyyy to mm/yyyy	DEGREE/DIPLOMA (e.g. B.A., B.S., etc.)	DATE OF GRADUATION mm/yyyy

## PROFESSIONAL WORK EXPERIENCE

List each position chronologically, beginning with the most recent.

ORGANIZATION	LOCATION	POSITION	DATES EMPLOYED mm/yyyy to mm/yyyy

## LICENSE INFORMATION

Please list teacher certificates/licensures already held:

CITY, STATE	FIELD	LEVEL	CERTIFICATE #

## ENROLLMENT INTERESTS

Please choose one.

- Certificate of advanced graduate study in education (C.A.G.S. in Ed.) non-licensure or  Master of education (M.Ed.) non-licensure

Please specify concentration, if any:

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Autism Spectrum Disorders    | <input type="checkbox"/> Applied Behavior Analysis |
| <input type="checkbox"/> History | <input type="checkbox"/> Moderate Disabilities        | <input type="checkbox"/> Socio-emotional learning  |
| <input type="checkbox"/> Math    | <input type="checkbox"/> Literacy                     | <input type="checkbox"/> No Concentration          |
| <input type="checkbox"/> Biology | <input type="checkbox"/> English as a Second Language |  |

- Master of arts in teaching (M.A.T.) initial licensure. Please select intended licensure area(s):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Biology (8-12)             | <input type="checkbox"/> Chemistry (8-12)                | <input type="checkbox"/> Early Childhood (PreK-2)              | <input type="checkbox"/> Earth & Space Science (8-12)        |
| <input type="checkbox"/> Elementary Education (1-6) | <input type="checkbox"/> English (5-12)                  | <input type="checkbox"/> English as a Second Language (PreK-6) | <input type="checkbox"/> English as a Second Language (5-12) |
| <input type="checkbox"/> General Science (5-8)      | <input type="checkbox"/> History (5-12)                  | <input type="checkbox"/> Humanities (5-8)                      | <input type="checkbox"/> Math (5-8)                          |
| <input type="checkbox"/> Math (8-12)                | <input type="checkbox"/> Math/Science (5-8)              | <input type="checkbox"/> Moderate Disabilities (PreK-8)        | <input type="checkbox"/> Moderate Disabilities (5-12)        |
| <input type="checkbox"/> Physics (8-12)             | <input type="checkbox"/> Reading Specialist (all levels) | <input type="checkbox"/> Spanish (5-12)                        |  |

## SIGNATURE

*This application will be considered incomplete without your signature.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Month/Day/Year

### The following questions are optional:

Religious Preference \_\_\_\_\_

What is your first language, if other than English? \_\_\_\_\_ Is another language spoken at home?  Yes  No

If yes, which language(s)? \_\_\_\_\_

#### How would you describe yourself? Check any that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian, Alaskan Native (tribe _____)              | <input type="checkbox"/> Mexican American, Mexican               |
| <input type="checkbox"/> Native Hawaiian, Pacific Islander                          | <input type="checkbox"/> African American, Black (country _____) |
| <input type="checkbox"/> Asian American, Asian, Indian subcontinent (country _____) | <input type="checkbox"/> White, Anglo, Caucasian                 |
| <input type="checkbox"/> Hispanic, Latin, Puerto Rican (country _____)              | <input type="checkbox"/> Other (specify _____)                   |

## APPLICATION CHECKLIST

- Completed application including applicant's signature
- Immunization records (if taking 9 or more credits per semester)
- Goal statement for graduate study (100-250 words)
- Current resume/summary (one page)
- Official transcripts for all courses taken. Please have all the colleges you attended submit sealed official transcripts to the School of Graduate and Professional Studies. **Do not open copies of transcripts sent directly to you.**
- \$30 non-refundable application fee
- TOEFL test scores (international students only)
- Current visa page from your passport (international students only)

#### For M.A.T. candidates only

- Copies of relevant certifications, licenses, and/or MTEL scores.

#### For Reading Specialist (M.A.T.) candidates only

- A letter, signed by a superintendent of schools or a school principal, attesting to the fact that you have at least one year of teaching experience. This letter must be on official school letterhead.

## INFORMATION AND INSTRUCTIONS

### Application Fee

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

### 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 graduate student catalog, which can be found on [www.elms.edu/graduate-studies/graduate-programs/](http://www.elms.edu/graduate-studies/graduate-programs/)

### 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.

### International Students

International students are encouraged to apply to the Elms College graduate programs. An applicant who is not a United States citizen or a permanent resident alien, and who wishes to apply for an F-1 Student Visa must submit an F-1 Visa Request Form and supporting documents. Those students whose native language is not English must take the Test of English as a Foreign Language (T.O.E.F.L.) and earn a minimum score of 79-80. Elms College's board number for the T.O.E.F.L. is 3283.

### Application Deadlines

Elms College has a rolling admissions policy, allowing application any time during the year. Applications are reviewed upon receipt. Interviews will be scheduled by the Division of Education upon receipt of all application materials.

### Immunization Records

Graduate students enrolling in nine or more credits in any semester must submit immunization records. Any student who does not comply is not eligible to attend classes. For details, please contact the Health Center at (413) 265-2288.

### Completed Applications

Send all application materials to:  
School of Graduate and Professional Studies  
Elms College  
291 Springfield Street  
Chicopee, Massachusetts 01013-2839

Phone: 413-265-2445  
fax: 413-265-2459  
[harveyd@elms.edu](mailto:harveyd@elms.edu)