



**DIVISION OF SOCIAL SCIENCES  
GRADUATE PROGRAMS**

***Application for Admission***

**APPLIED BEHAVIOR ANALYSIS**

**Master of Science**

**BCaBA and BCBA Course Sequence**

**AUTISM SPECTRUM DISORDERS**

**Master of Science**

**CAGS**

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



# DIVISION OF SOCIAL SCIENCES APPLICATION FOR ADMISSION

## 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

## 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 end 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 AND/OR CERTIFICATION(S)

Please list certificates/licensures already held:

Certifying Organization	Area of Certification	Expiration Date

## Programs

Please choose one.

- |   |  |
|---|--|
| <input type="checkbox"/> Master of Science in Applied Behavior Analysis (MS in ABA)       | <input type="checkbox"/> Master of Science in Autism Spectrum Disorders (MS in ASD)                        |
| <input type="checkbox"/> Behavior Analyst Certification Board (BACB) course sequency only | <input type="checkbox"/> Certificate of Advanced Graduate Study in Autism Spectrum Disorders (CAGS in ASD) |

## 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 _____)                   |

What other programs/schools have you applied to? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_



## ELMS COLLEGE GRADUATE RECOMMENDATION FORM

**To the applicant:** Enter your full name and title of the recommender. Give an envelope to the recommender, and have him/her mail the form to:  
**Donna Harvey at Elms College, School of Graduate and Professional Studies, 291 Springfield Street, Chicopee, Massachusetts 01013-2839**

### Programs

Please choose one

Master of Science in Applied Behavior Analysis (MS in ABA)

Master of Science in Autism Spectrum Disorders (MS in ASD)

Behavior Analyst Certification Board (BACB) course sequency only

Certificate of Advanced Graduate Study in Autism Spectrum Disorders  
(CAGS in ASD)

### 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 \_\_\_\_\_

Semester/Year of desired entry \_\_\_\_\_

*Last (Family name)*

*First*

*Middle*

*Other last names*

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 right to inspect the contents of this recommendation.

I do not waive my right 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 one of the above programs 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. 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, and 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:

Donna Harvey

**Elms College**

School of Graduate and Professional Studies

291 Springfield Street

Chicopee, MA 01013



## APPLICATION CHECKLIST

- Completed application including applicant's signature
- Immunization records (if taking 9 or more credits a semester)
- Two signed, sealed, and confidential reference letters (one academic, one professional)
- Goal statement for graduate study
- Current resume or Curriculum Vitae
- Official transcripts for all courses taken. Please have all the college 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)

## 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 at [www.elms.edu/Documents/Registrar/gradcat.pdf](http://www.elms.edu/Documents/Registrar/gradcat.pdf).

### 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 may be scheduled by the Division of Communication Sciences and Disorders 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.

*The School of Graduate and Professional Studies recommends that you familiarize yourself with individual graduate programs, their requirements, and other pertinent information contained in the Elms College graduate catalog at*

**[www.elms.edu/gradcatalog](http://www.elms.edu/gradcatalog)**

### Completed Applications

Send all application materials to:

Donna Harvey  
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)