

For ALL Candidates:
Please send all materials to –

PRISM Educational Consultants, Inc.
85 Forest Drive
Bridgewater, MA 02324

Application Materials:

- ❖ Fitchburg State University Application
Attach a \$ 25.00 check or money order made payable to Fitchburg State University.
- ❖ Official Undergraduate or Graduate Transcripts.
- ❖ Three (3) Recommendation Forms
THREE recommendations are required. A letter may be attached to the form, but the form's grid must be filled out and signed.
- ❖ The **Miller Analogies Test (MAT)** OR the **Graduate Record Examination (GRE)** is required of all candidates to a degree program (unless the candidate already holds a Master's Degree). **Jon L. Jenmarc, Incorporated is an official Testing Center for the Miller Analogies Test (computer version, only).** Please visit www.jonljenmarc.com for testing dates and times.
- ❖ A professional resume (signed and dated)
- ❖ ALL MEd in Curriculum and Teaching and MEd in Educational Leadership and Management candidates must complete the following:

In an essay no longer than one page, respond to one (1) of the three questions below:

1. Tell us a positive situation in which you helped a person and made a significant difference in that person's life
 2. What are the most important factors in establishing a long-term working relationship with students, friends, etc.?
 3. Tell us about a significant event that involved you in a teaching or helping role.
 - Describe the situation as it occurred at the time.
 - What did you do in that particular situation?
 - How did you feel about the situation at the time you were experiencing it?
 - How do you feel about the situation now?
 - What would you change, if anything?
- CAGS candidates do NOT have to complete the one page essay.
- All **CAGS** and **MEd in Educational Leadership and Management** candidates must also provide a copy of an Initial/Professional teaching license and a copy of passing scores on the Communication and Literacy subtests of the MTEL.

Please address any questions to our office. 508.697.6223 or 508.942.7723

FITCHBURG STATE COLLEGE

APPLICATION FOR GRADUATE ADMISSION

Complete this application form and attach a check or Money Order for \$25.00 made payable to Fitchburg State College.

Mail the entire package to:

PRISM Educational Consultants, INC.
85 Forest Drive
Bridgewater, MA 02324

I am applying for (check one):

- Master of Education in Curriculum and Teaching
 Master of Education in Educational Leadership and Management
 C.A.G.S. in Educational Leadership and Management

1. _____
Last Name (legal name) First Name Middle Initial Maiden Name

2. _____
Mailing Address (P.O. Box, RFD, Street)

City

State

Zip

Country

3. (____) _____ (____) _____
Home Telephone: Work or Cell Telephone:

_____ (____) _____
Email Address FAX

4. Sex (optional): Male Female

5. Date of Birth (optional): Month: _____ Day: _____ Year: _____

6. Social Security Number: --

7. Citizenship:

- I am a U.S. citizen
 I am not a U.S. citizen or permanent resident. (Country of citizenship: _____)
 I am a permanent resident (Enclose a copy of permanent resident card.)

8. Ethnic Origin (optional):

- Asian Cape Verdean Native American/Alaskan Native White, Non-Hispanic
 African American Hispanic Native Hawaiian/Pacific Islander Other: _____

9. If you are NO NOT a U.S. citizen or permanent resident, what is your current visa classification?
(Attach a copy of your visa I-94 and passport to this application.)

- F1 F2 J1 J2 B1 B2
 Other: _____

10. Have you previously attended Fitchburg State College?

- Yes _____ / _____ No
Semester Year

11. Expected Entrance:

- September (Fall) January (Spring) YEAR: 20 _____

FITCHBURG STATE COLLEGE

19. _____
Current Employer _____ Position _____

City _____ State/Province _____ Zip Code _____ Country _____

Telephone Number _____ E-mail Address: _____

20. List three references:

_____	_____
Name	Position

Address	
_____	_____
Name	Position

Address	
_____	_____
Name	Position

Address	

STUDENTS WITH DISABILITIES:

Fitchburg State College is committed to making the academic experience for students with disabilities a positive one. In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, Disability Services has been established in Rooms 305 and 306 of the Hammond Building. Questions, concerns, and requests for information regarding federal laws and college procedures may be forwarded to the Disability Services Coordinator.

All documentation including this application should be marked "Confidential" and submitted with other admissions credentials to: Coordinator of Disability Services, Fitchburg State College, 160 Pearl Street, Fitchburg, MA 01420-2697; Voice: (978) 665-3427; TTT: (978) 665-3575.

I understand that information about applicants furnished to Fitchburg State College is kept confidential and will only be released to public higher education system personnel authorized by the Massachusetts Board of Higher Education. I hereby certify that information furnished on the Application Form is complete and accurate:

Applicant's Signature: _____ Date: _____

PLEASE MAIL ALL APPLICATION MATERIALS TO:

PRISM EDUCATIONAL CONSULTANTS, INC.
85 FOREST DRIVE
BRIDGEWATER, MA 02324



GRADUATE ADMISSION LETTER OF RECOMMENDATION

This part is to be complete by the applicant prior to submission of the recommendation.

Name of Applicant:

Last First Middle U.S. Social Security

Street

City State/Province Zip Code Country

Intended Graduate Program of Study: _____

Waiver Section (Check one of the following statements.)

- I waive the right provided by the Family Education Rights and Privacy Act of 1974 to view this letter of recommendation.
- I do not wish to waive this right; I wish to retain the right to view this letter of recommendation.

TO THE PERSON MAKING THE EVALUATION:

The person whose name appears above has made application to the Fitchburg State College Graduate School. We would appreciate your candid appraisal of this applicant relative to admission by completing this form. Feel free to attach a letter or additional pages on your letterhead.

As required by the Family Educational Rights and Privacy Act of 1974, a student may elect to waive the privilege of viewing this recommendation form. If the student has not waived this right in the section above, you should consider this form to be non-confidential.

1. How long and in what capacity have you know this applicant?

2. Evaluate this applicant by checking (v) the scales below, relative to others whom you have known in a similar capacity.

	Excellent (Top 10%)	Above Average	Average	Below Average	No Opportunity To Evaluate
Intellectual Ability (General Thinking Skills)					
Discipline - Specific Knowledge					
Interpersonal Skills					
Effectiveness in Written Communication					
Effectiveness in Oral Communication					
Leadership Ability					
Ethical Integrity					
Motivation / Initiative					
Promise As A Graduate Student					

PLEASE MAIL ALL APPLICATION MATERIALS TO:

PRISM EDUCATIONAL CONSULTANTS, INC.
85 FOREST DRIVE
BRIDGEWATER, MA 02324
ATT: Dr. John J. Kelley, EDLM Program Director

FITCHBURG STATE COLLEGE

REQUEST FOR TRANSFER OF GRADUATE CREDIT

Transfer credits will not be reviewed without official transcripts on file. Requests for transfer credit must be submitted with your application for admission. The Graduate Office accepts a maximum of 6 semester hours in transfer credits from accredited institutions with the approval of the Graduate Program Chair. Transferred courses are only valid if taken within six years of your anticipated date of graduation.

Applicant's Last Name (legal name)	First Name	Middle Initial	Maiden Name	
Mailing Address: (P.O. Box, RFD, Street)		City	State/Province	Zip Code
Country (If other than USA)				
Home Telephone Number		Work Telephone Number		
Social Security Number	Expected Year of Graduation	Email Address		

I request the following course(s) be transferred into the program to which I am applying. I understand that the course(s) must be from a regionally accredited institution, taken for graduate credit, that I must have received a grade of "B" (3.0) or better, and that the course(s) must not have been used to fulfill requirements for another degree.

NOTE: The Graduate Office accepts a maximum of 6 semester hours in transfer credits from regionally accredited institutions.

Send official transcripts to: Office of Admissions, Fitchburg State College, 160 Pearl Street, Fitchburg, MA 01420

Courses From Other Institutions

Institution	Course Number	Course Title	# of Credits	Semester/Year Taken	Office Use ONLY	
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	FSC equivalent
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	FSC equivalent

Twelve (12) semester hours of Fitchburg State College credit taken within a year prior to the student's admission may be applied to the degree program with the approval of the Program Chairperson. No more than six (6) semester hours of course work at the 6000 level may be applied toward a degree program.

Fitchburg State College Courses

Institution	Course Number	Course Title	Credits 12 max.	Semester/Year Taken	Office Use ONLY	
Fitchburg State College					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitchburg State College					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitchburg State College					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitchburg State College					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature	Date
Graduate Program Chair Signature	Date
Dean's Signature	Date