



THE DIVISION OF GRADUATE AND CONTINUING EDUCATION

CERTIFICATE OF ADVANCED GRADUATE STUDY APPLICATION

THE ADMISSION PROCESS

The purpose of graduate education at Westfield State College is to allow the student to develop as a scholar, capable of original thinking and research in a professional career. The Certificate of Advanced Graduate Study provides a way for educators with Master's degrees to further enhance their professional qualifications and qualify for leadership positions in educational fields.

Applicants' qualifications are reviewed by individual departments as well as by the Graduate Dean. Professional training, references, evidence of leadership, appropriate completion of a Master's degree and a narrative statement regarding the applicant's desire to attend Westfield State College and how this program affects their career goals are all weighed when an application is reviewed.

GENERAL INSTRUCTIONS

Application to a graduate program must consist of the following:

- Application and \$30.00 fee (non-refundable)
- Narrative Statement
- Official transcripts with college seals and in sealed envelopes of all college-level work. If you attended more than one college, submit one transcript for each institution. Please have transcripts sent directly from your former college or university to the Division of Graduate and Continuing Education; opened transcripts will not be accepted.
- Three letters of professional reference (forms enclosed)
- Where applicable, a copy of the Classroom Teacher Certificate.
- Where applicable, a copy of a passing score in Communication and Literacy Skills portions of Massachusetts Educators Certification Tests.
- International applicants (where applicable) must provide Official English translations and a Credential Evaluation of all secondary and post-secondary transcripts, an official copy of the Test of English as a Foreign Language (TOEFL) with passing score, bank-notarized Certification of Finances Form, and a photocopy of the applicant's current visa.
- International applicants may obtain a credential evaluation of documents from:
Center for Educational Documentation, Inc.
PO Box 231126, Boston, MA 02123-1126
(617) 338-7171
(Applicants are responsible for processing fee.)
- All Massachusetts residents must submit a Proof of Residency form.

Application

The application should be typewritten or printed. The \$30.00 application fee, payable to Westfield State College, must accompany the application. The fee is not refundable. All application materials are to be forwarded directly to the Graduate Division.

All questions concerning the admission process should be directed to the Graduate Division at (413) 572-8022.

Applications are accepted on a rolling basis.

Narrative Statement

Your narrative statement is read with great care and consideration. It should include statements about your professional goals, academic experience, factors which led you to consider graduate study and why you feel the College can support your future endeavors.

Transcripts

If you attended more than one college, submit transcript for each institution. Please have transcripts sent directly from your former college or university to the address below; opened transcripts will not be accepted.

_____._____._____
Social Security Number

WESTFIELD STATE COLLEGE
Division of Graduate & Continuing Education

CERTIFICATE OF ADVANCED GRADUATE STUDY APPLICATION

1. Name : _____
Last First Middle

Other Name(s) under which records may be found: _____

2. Home Address: _____
Street City State Zip Code

3. Present Mailing Address: _____
P. O. Box/Street City State Zip Code

4. Email Address: _____

5. Telephone: Home _____ Work _____ Ext. _____

International Students, please give _____
Us your home country address: _____

<p>The information below is used to comply with the requirements of the Immigration and Naturalization Service.</p> <p>Are you a U.S. Citizen or Permanent Resident? Yes _____ No _____</p> <p>If not, what is your Visa Status?</p> <p>Type of Visa: 1. Foreign Student _____ 2. Immigrant _____ 3. Tourist _____</p> <p>Country of Citizenship _____</p> <p>TOEFL test date: _____ (Please see cover note.)</p>	<p>Voluntary Information:</p> <p>_____ Male _____ Handicapped _____ Female _____ Disabled Veteran _____ Vietnam Era Veteran</p> <p>_____ 1. Non-Resident Alien _____ 2. Black, Non-Hispanic _____ 3. American Indian/ Alaskan Native _____ 4. Asian or Pacific Islander _____ 5. Hispanic American _____ 6. White, Non-Hispanic _____ 7. Other/Unknown _____ 8. Cape Verdean</p> <p>Date of Birth: _____/_____/_____ Mo. Day Yr.</p>
--	---

6. Will you be applying for Financial Aid?: ___Yes ___No

7. Previous College Training - List in chronological order.

Institution	Location	Dates Attended	Total Credits	Degree Awarded

8. List courses for which you wish to receive graduate transfer credit that are beyond the Master's degree (Maximum 6 credits):

Institution	Course	Grade	Dates	Credits

9. Proposed area of study:

- A. Educational Administration _____
- B. Occupational Education _____
- C. School Principal
 - Level: Elementary _____
 - Middle _____
 - Secondary _____

10. Do you possess a Massachusetts classroom teacher certificate? Yes ___ No ___

11. If you possess a classroom teaching certificate please attach a copy of your certificate and complete the following, otherwise skip to #12.

In which state(s) are you certified to teach? _____ Level(s) _____

Specialization(s) _____

Please indicate precise number of years of teaching experience in role covered by the certificate (s): _____

12. Professional Experience: List most recent position first, also list subject or grade taught (as applicable):

Institution	Location	Position	Dates

**WESTFIELD STATE COLLEGE
THE DIVISION OF GRADUATE AND CONTINUING EDUCATION
WESTFIELD, MA 01086**

REFERENCE FORM

PAGE ONE (to be filled out by Applicant)

Please type or print.

APPLICANT'S NAME:

Last

First

Middle

**Federal law enables the applicant to have access to this recommendation
unless the candidate voluntarily waives this right.**

I waive my right of access to this recommendation and consent to its remaining confidential to me.

Signature

Date

NAME & ADDRESS OF REFERENCE

(to be completed by applicant)

Name

Street Address or P.O. Box

City

State

Zip

REFERENCE FOR ADMISSION TO:

Program/Concentration

PAGE TWO (to be filled out by the Reference) Please type or print.

Your name was given as one who could provide a professional estimate of the applicant's ability to pursue this program. We will greatly appreciate your estimate of the applicant's aptitude for graduate study and promise of professional success. Westfield State College is committed to a policy of non-discrimination and affirmative action in its educational programs, activities and employment practices. It is the policy of Westfield State College not to discriminate on the basis of race, sex, color, national origin, age, religion or disability. Please complete the information requested below and return to our office. Thank you for your cooperation.

1. In what capacity (professional, academic, other) and for how long have you known the applicant?
Explain: _____

2. Please complete the rating scale by placing checkmarks in the appropriate locations. Compared with others you have known:

	No Basis for Evaluation	Below Average	Average	Above Average	Outstanding
Character & Personal Integrity					
Professional Attitude					
Scholarship					
Competence as an Educator					
Ability to Work with Others					
Self-Confidence					
Professional Growth Potential					
Oral and Written Expression					
Leadership Potential					

3. Please add or attach comments that will assist the College in evaluating the applicant.

Date _____

Signature _____

Position _____

Address _____

**Please send Reference Form to:
WESTFIELD STATE COLLEGE
THE DIVISION OF GRADUATE AND CONTINUING EDUCATION
ATTN.: ADMISSIONS
WESTFIELD, MA 01086**

**WESTFIELD STATE COLLEGE
THE DIVISION OF GRADUATE AND CONTINUING EDUCATION
WESTFIELD, MA 01086**

REFERENCE FORM

PAGE ONE (to be filled out by Applicant)

Please type or print.

APPLICANT'S NAME:

Last

First

Middle

**Federal law enables the applicant to have access to this recommendation
unless the candidate voluntarily waives this right.**

I waive my right of access to this recommendation and consent to its remaining confidential to me.

Signature

Date

NAME & ADDRESS OF REFERENCE

(to be completed by applicant)

Name

REFERENCE FOR ADMISSION TO:

Street Address or P.O. Box

Program/Concentration

City State Zip

PAGE TWO (to be filled out by the Reference) Please type or print.

Your name was given as one who could provide a professional estimate of the applicant's ability to pursue this program. We will greatly appreciate your estimate of the applicant's aptitude for graduate study and promise of professional success. Westfield State College is committed to a policy of non-discrimination and affirmative action in its educational programs, activities and employment practices. It is the policy of Westfield State College not to discriminate on the basis of race, sex, color, national origin, age, religion or disability. Please complete the information requested below and return to our office. Thank you for your cooperation.

1. In what capacity (professional, academic, other) and for how long have you known the applicant?
Explain: _____

4. Please complete the rating scale by placing checkmarks in the appropriate locations. Compared with others you have known:

	No Basis for Evaluation	Below Average	Average	Above Average	Outstanding
Character & Personal Integrity					
Professional Attitude					
Scholarship					
Competence as an Educator					
Ability to Work with Others					
Self-Confidence					
Professional Growth Potential					
Oral and Written Expression					
Leadership Potential					

5. Please add or attach comments that will assist the College in evaluating the applicant.

Date _____

Signature _____

Position _____

Address _____

**Please send Reference Form to:
WESTFIELD STATE COLLEGE
THE DIVISION OF GRADUATE AND CONTINUING EDUCATION
ATTN.: ADMISSIONS
WESTFIELD, MA 01086**

**WESTFIELD STATE COLLEGE
THE DIVISION OF GRADUATE AND CONTINUING EDUCATION
WESTFIELD, MA 01086**

REFERENCE FORM

PAGE ONE (to be filled out by Applicant)

Please type or print.

APPLICANT'S NAME:

Last

First

Middle

**Federal law enables the applicant to have access to this recommendation
unless the candidate voluntarily waives this right.**

I waive my right of access to this recommendation and consent to its remaining confidential to me.

Signature

Date

NAME & ADDRESS OF REFERENCE

(to be completed by applicant)

Name

Street Address or P.O. Box

City

State

Zip

REFERENCE FOR ADMISSION TO:

Program/Concentration

PAGE TWO (to be filled out by the Reference) Please type or print.

Your name was given as one who could provide a professional estimate of the applicant's ability to pursue this program. We will greatly appreciate your estimate of the applicant's aptitude for graduate study and promise of professional success. Westfield State College is committed to a policy of non-discrimination and affirmative action in its educational programs, activities and employment practices. It is the policy of Westfield State College not to discriminate on the basis of race, sex, color, national origin, age, religion or disability. Please complete the information requested below and return to our office. Thank you for your cooperation.

1. In what capacity (professional, academic, other) and for how long have you known the applicant?
Explain: _____

6. Please complete the rating scale by placing checkmarks in the appropriate locations. Compared with others you have known:

	No Basis for Evaluation	Below Average	Average	Above Average	Outstanding
Character & Personal Integrity					
Professional Attitude					
Scholarship					
Competence as an Educator					
Ability to Work with Others					
Self-Confidence					
Professional Growth Potential					
Oral and Written Expression					
Leadership Potential					

7. Please add or attach comments that will assist the College in evaluating the applicant.

Date _____ Signature _____
Position _____
Address _____

**Please send Reference Form to:
WESTFIELD STATE COLLEGE
THE DIVISION OF GRADUATE AND CONTINUING EDUCATION
ATTN.: ADMISSIONS
WESTFIELD, MA 01086**

Letters of Reference

Candidates are required to submit three (3) letters of reference. Reference forms should be completed by those with whom you have worked in an academic or professional setting and who will be able to relate specific information on your performance and abilities. You are responsible for providing the enclosed reference forms to those who will submit references for your application. All references are to be sent directly to the Graduate Division.

VETERANS BENEFITS

Veterans who qualify for the Massachusetts waiver of tuition or Federal educational benefits must provide the necessary document (DD214) to receive the benefit and must matriculate into a degree program within one semester of their first enrollment in classes to continue to receive the benefit. Westfield State College Veterans Affairs staff will verify the veteran's application status as necessary during the registration period. The DD 214 must be provided by the veteran to the certifying official at Westfield State College, located in Ely Campus Center, Room 146, Phone (413) 572-5446. The veteran will be responsible for all fees associated with the Westfield State College course work.

ACCEPTANCE

The evaluation process will take six to eight weeks from the time that the application is complete. Decisions regarding acceptance are sent out on a continuous basis after the Graduate Division has reviewed the academic records of the applicants. Decisions are made by the Associate Vice President of the Division of Graduate and Continuing Education on the basis of departmental recommendations and the fulfillment of any prerequisites.

ADMISSION APPLICATION CHECKLIST

Date: _____

YES

NO

A check or money order for \$30.00 payable to Westfield State College is enclosed.

Three completed professional reference forms are being forwarded to the Graduate Division.

My Narrative Statement is enclosed.

Official transcripts of all college-level work, with college seals, are being forwarded directly in sealed envelopes to the Graduate Division.

I understand that once I am admitted to the CAGS program, I must meet with my advisor(s) and file a signed Plan of Study with the Division of Graduate and Continuing Education.

Submitted Proof of Residency (**Massachusetts residents only**).



**DIVISION OF GRADUATE AND CONINUING EDUCATION
WESTFIELD, MA 01086**

(413) 572-5224