

FITCHBURG STATE UNIVERSITY

APPLICATION FOR GRADUATE ADMISSION

Please mail your completed application form with a \$25.00 application fee; \$50.00 for international students. Make check (with applicant's full name and social security number printed on check) payable to Fitchburg State University.

**ALL APPLICATION MATERIALS ARE MAILED TO:
C.F.BRINE, P.O. BOX 1060, BROCKTON, MA 02303**

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 University?

Yes _____ / _____ No
Semester Year

11. Expected Entrance:

September (Fall)

January (Spring)

YEAR: 20_____

FITCHBURG STATE UNIVERSITY

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

Recommendation forms are at end of this application and should be mailed to C.F. Brine, P.O. Box 1060, Brockton, MA 02303

STUDENTS WITH DISABILITIES:

Fitchburg State University 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 University, 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 University 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: _____

Send all materials to: C.F. BRINE, DIRECTOR
P.O. BOX 1060
BROCKTON, MA 02303

APPLICANT'S SECTION

This part is to be completed by the applicant prior to giving the form to the evaluator.

| | | | |
|------------------------|------------|----------------|---|
| Last Name (legal name) | First Name | Middle Initial | Last 4 digits of Social Security Number |
|------------------------|------------|----------------|---|

| | | | | |
|---------------------|------|-------|-----|---------|
| Home Street Address | City | State | Zip | Country |
|---------------------|------|-------|-----|---------|

Intended Graduate Program of Study: _____

Waiver Selection and Signature:

- 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.

Applicant's Signature: _____ Date: _____

EVALUATOR'S SECTION

The person whose name appears above is applying to a graduate program at Fitchburg State University. We would appreciate your candid appraisal of this applicant relative to admission.

As required by the Family Education 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.

| | | | |
|--------------------------------------|------|-------|--------|
| Name of Person Making the Evaluation | Last | First | Middle |
|--------------------------------------|------|-------|--------|

| | |
|--------------------------|--|
| Organization/Institution | Relationship to Applicant (check one): <input type="checkbox"/> Current/Former Employer <input type="checkbox"/> Current/Former Instructor |
|--------------------------|--|

| | |
|----------------|--------------|
| Position/Title | Phone Number |
|----------------|--------------|

| | | | |
|------------------|------|-------|-----|
| Business Address | City | State | Zip |
|------------------|------|-------|-----|

Evaluator's Signature _____

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

2. Evaluate this applicant by checking (✓) the scales below, relative to other people 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 | | | | | |

3. Narrative: Describe this applicant in terms of: strengths and areas needing development; potential to achieve in graduate studies; special qualities or experiences that lend support to this applicant's acceptance into this graduate program.

PLEASE ATTACH TO THIS FORM A SIGNED WRITTEN NARRATIVE PRINTED ON PROFESSIONAL LETTERHEAD.

**Thank you for completing the recommendation on behalf of the student. Please return form and written statement to:
Admissions Office, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420**