

FITCHBURG STATE COLLEGE

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 College.

**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 ands 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

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 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: _____

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

FITCHBURG STATE COLLEGE

GRADUATE ADMISSION LETTER OF RECOMMENDATION

Make 3 copies of the 2-page Letter of Recommendation form – one for each person listed in item #20 of the Application.

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					

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