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**THE DIVISION OF GRADUATE AND CONTINUING EDUCATION**

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**GRADUATE CERTIFICATE IN HOMELAND  
SECURITY STUDIES**

\_\_\_\_\_  
Social Security Number

USER ID \_\_\_\_\_  
(Office Use Only)

WESTFIELD STATE COLLEGE  
Division of Graduate & Continuing Education  
GRADUATE CERTIFICATE IN HOMELAND SECURITY STUDIES

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. Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

**International Students**, please give \_\_\_\_\_  
us your home country address: \_\_\_\_\_

<p><b>Required Information:</b> 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? Type of Visa: 1. Foreign Student _____ 2. Immigrant _____ 3. Tourist _____</p> <p>Country of Citizenship _____</p> <p>TOEFL Test Date _____ (see cover note)</p>	<p><b>Voluntary Information:</b></p> <p>Male _____ Handicapped _____ Female _____ Disabled Veteran _____ _____ Vietnam Era Veteran _____</p> <p>_____ 1. American Indian/Alaskan Native _____ 2. Asian/Pacific Islander _____ 3. Black Non-Hispanic _____ 4. Hispanic _____ 5. Cape Verdian _____ 6. Caucasian _____ 7. Non-Resident Alien _____ 8. Other</p> <p>Date of Birth: _____/_____/_____ Mo. Day Yr.</p>
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5. Previous College Training - List in chronological order. Include Associate's, Bachelor's and any college credit to be considered for transfer into the program. If you attended Westfield State College, indicate whether you were a Day Division or Continuing Education student.

Institution	Location	Dates Attended	Total Credits	Degree Awarded

6. Undergraduate Major \_\_\_\_\_ Minor \_\_\_\_\_

Grade Point Average (based on 4.0 scale): \_\_\_\_\_ Average in Major Field: \_\_\_\_\_

7. Are you currently in the Master's Degree in Criminal Justice program through Westfield State College? \_\_\_ Yes \_\_\_ No (Students in the MS program do not have to submit an application fee.)

8. List courses for which you wish to receive graduate transfer credit into the certificate program

Institution	Course	Grade	Dates	Credits

9. Disciplinary and Criminal Information

Have you ever been refused admission to a college or university for disciplinary reasons? \_\_\_ yes \_\_\_ no

Have you ever been placed on probation or suspended for disciplinary reasons? \_\_\_ yes \_\_\_ no

If you answered yes to either question, enclose an explanation on a separate sheet. The college's dean of students also must submit a letter of explanation. Your application will be considered incomplete without this information.

Have you ever been convicted of a felony? \_\_\_ yes \_\_\_ no

If you answered yes, enclose on a separate sheet an explanation of the circumstances leading to criminal conviction. Your application will be considered incomplete without this information.

10. REFERENCES: List two professional references.\* Reference forms are enclosed.

1. \_\_\_\_\_  
Name Position Address

2. \_\_\_\_\_  
Name Position Address

*\*Students may not resubmit references from another program, although you may request references from the same individuals.*

I certify that I have read and understood the general admission information on this application and that the information in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **GENERAL INSTRUCTIONS**

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Application to the graduate certificate program must consist of the following:

- Application and \$30.00 fee (non-refundable) *Note: Students applying to the Master of Science degree program in Criminal Justice and the Homeland Security Studies Certificate concurrently, please use the Graduate Application and submit one \$30 fee.*
- 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.
- Two letters of professional reference (forms enclosed)
- 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.)

### *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 office of Graduate and Continuing Education. Applications are accepted on a rolling basis. All questions concerning the admission process should be directed to the Admissions Coordinator at (413) 572-8022.

### *Letters of Reference*

Candidates are required to submit two (2) 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.

### *Acceptance*

Unconditional acceptance requires at least a 2.7 undergraduate QPA or a 3.0 QPA for the last two years of undergraduate studies. Conditional acceptance may be granted applicants who do not meet the requirements of the unconditional acceptance. Prerequisites must be completed in order to be admitted unconditionally.

## **VETERANS BENEFITS**

Veterans who qualify for the Massachusetts waiver of tuition must provide the necessary document (DD214) to receive the benefit and must matriculate into the certificate program in the first semester of enrollment in classes. Westfield State College Veterans Affairs staff will verify the veteran's waiver 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 is responsible for all fees associated with Westfield State College course work.

**OFFICIAL TRANSCRIPTS FROM EACH SCHOOL LISTED MUST BE SENT DIRECTLY  
FROM THE SCHOOL OR COLLEGE IN A SEALED ENVELOPE TO:**

**WESTFIELD STATE COLLEGE  
DIVISION OF GRADUATE AND CONTINUING EDUCATION  
ATTN.: ADMISSIONS  
577 WESTERN AVENUE  
WESTFIELD, MA 01086**

**All application materials are the property of the Division of Graduate and Continuing Education  
and cannot be returned to you or submitted to other parties for any other use.**

**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:

	<b>No Basis for Evaluation</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
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**  
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**WESTFIELD, MA 01086**

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Last

First

Middle

**Federal law enables the applicant to have access to this recommendation  
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**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

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\_\_\_\_\_

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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**