



THE DIVISION OF GRADUATE AND CONTINUING EDUCATION

POST-BACCALAUREATE TEACHER LICENSURE APPLICATION

THE ADMISSION PROCESS

Westfield State College offers a variety of Interstate Certification Compact (ICC) approved programs through the Division of Graduate and Continuing Education. These programs afford many adult students the opportunity to return to college and earn teacher licensure.

This application is for students who have already earned a Bachelor's Degree and are returning to Westfield State College in order to earn teacher licensure. The program leads to teacher certification at the initial level. Students who seek a master's degree should complete a graduate application

CERTIFICATION AREAS

This program affords students the opportunity to earn certification at the "provisional with advanced standing" level in the following subject areas and levels:

Biology		8-12
Business		5-12
Chemistry		8-12
Early Childhood Education	PreK-2	
Elementary Education	1-6	
English	5-8	8-12
General Science	5-8	
History	5-8	8-12
Mathematics	5-8	8-12
Middle School Tch (Humanities)	5-8	
Middle School Tch (Math & Sci)	5-8	
Music	All Levels	
Physical Education	PreK-8	5-12
Moderate Disabilities	PreK-8	5-12
Severe Disabilities	All Levels	
Visual Art	PreK-8	5-12

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. Veterans are responsible for all fees associated with the Westfield State College course work.

____ - ____ - ____ - ____ - ____ - ____
Social Security Number

Westfield State College
Division of Graduate and Continuing Education

POST-BACCALAUREATE TEACHER LICENSURE PROGRAM 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

Email Address: _____

4. Telephone: Home _____ Work _____ Ext. _____

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

**The information below is used to
comply with the requirements of the
Immigration and Naturalization Service.**

Are you a U.S. citizen or permanent resident?
Yes _____ No _____

If not, what is your Visa status?

- 1. Foreign Student _____
- 2. Immigrant _____
- 3. Tourist _____

Country of citizenship _____

TOEFL Test Date _____ (see cover note)

Voluntary Information

Male _____ Female _____

Handicapped _____

Disabled Veteran _____

Vietnam Era Vet _____

- 1. Non-resident Alien _____
- 2. Black, Non-Hispanic _____
- 3. Amer. Indian/Alaskan _____
- 4. Asian or Pacific Islander _____
- 5. Hispanic American _____
- 6. White, Non-Hispanic _____
- 7. Other/Unknown _____
- 8. Cape Verdean _____

Date of Birth: ____/____/____
Mo Day Year

5. Will you be applying for Financial Aid?:
____Yes ____No

6. 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

7. Undergraduate Major _____ Minor _____

Grade Point Average (based on 4.0 scale): _____

Average in Major Field: _____

OFFICE USE ONLY
Cumulative GPA _____

8. Massachusetts Test for Educator Licensure (please mail copy of test results to Continuing Education)

Communication and Literacy Exam _____

Date Taken _____	Passed Yes or No _____
Date Taken _____	Passed Yes or No _____
Date Taken _____	Passed Yes or No _____

9. Licensure(s) you currently hold (if any) _____ level

Area of Concentration _____

10. Licensure program for which you are applying _____ level
(see concentration areas on application folder)

Area of Concentration _____

11. 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.

12. REFERENCES: List two professional references. Reference forms are enclosed.

Name	Position	Address

Please Note: All Licensure Candidates must submit proof of immunization including Hepatitis B.

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
WESTFIELD, MA 01086

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

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

Revised December, 2006

**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					

4. 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: _____

3. 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**

GENERAL INSTRUCTIONS

Students bring a variety of educational and professional backgrounds to this program. It is important that students meet with their advisors to insure that they take the correct coursework toward licensure.

Application to the post-baccalaureate teacher licensure program consists of the following:

1. Application and \$30.00 fee (non-refundable)
2. Two professional references
3. Results of the Massachusetts Test for Educator Licensure:
Communication and Literacy Exam
4. 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.
5. 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.)
6. All Massachusetts residents must submit a Proof of Residency form.

Once you are accepted, a program of study form will be mailed to you along with your acceptance letter.

The steps for completing the program of study are as follows:

- Students seeking secondary and/or middle school licensure and students who have **not** completed an arts/science major must meet with an academic advisor to seek signatures on the program of study. Students seeking art, music or physical education certification must meet with their respective advisors.
- All students (with the exception of art, music and physical education students) then meet with an education advisor to obtain his/her signature on the program of study.
- The student must review and sign both sides of the program of study.

ACCEPTANCE

The student will receive a letter stating his/her status regarding acceptance from the Dean of the Division of Graduate and Continuing Education based on the Department Chair's/Designee's recommendation.

A copy of the signed program of study will be included with an acceptance letter. The program of study is the only approved curriculum for the student. Once filed, any changes to the program of study must be approved and submitted in writing by the advisor.

Up to six credits of graduate coursework taken toward licensure may be applied to a Master's degree. Refer to the *Graduate Catalog* for information regarding graduate policies.

ADMISSION APPLICATION CHECKLIST

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	A check or money order for \$30.00 payable to Westfield State College is enclosed.
<input type="checkbox"/>	<input type="checkbox"/>	Two professional reference letters are being forwarded to the Division of Graduate and Continuing Education
<input type="checkbox"/>	<input type="checkbox"/>	Official transcripts from each school listed have been sent directly from the school or college in a sealed envelope, or will be forwarded.
<input type="checkbox"/>	<input type="checkbox"/>	Results of the Massachusetts Test for Educator Licensure have been forwarded: Communication and Literacy Exam
<input type="checkbox"/>	<input type="checkbox"/>	I understand that once the above requirements have been met, I must meet with my advisor(s) to complete a Program of Study form .
<input type="checkbox"/>	<input type="checkbox"/>	Submitted Proof of Residency (Massachusetts residents only).



DIVISION OF GRADUATE AND CONTINUING EDUCATION
WESTFIELD, MA 01086-1630
(413) 572-5224