

Graduate APPLICATION



IMPORTANT DATES

FEBRUARY 1

MASTER OF SOCIAL WORK (ALL LOCATIONS)
APPLICATION DEADLINE FOR FALL COHORT ONLY
(ALL MATERIALS MUST BE RECEIVED BY DEADLINE)

M.A. IN COUNSELING APPLICATION DEADLINE FOR
FALL COHORT ONLY (ALL MATERIALS MUST BE
RECEIVED BY DEADLINE)

M.A. IN APPLIED BEHAVIOR ANALYSIS APPLICATION
DEADLINE FOR FALL COHORT ONLY (ALL MATERIALS
MUST BE RECEIVED BY DEADLINE)

MARCH 1

M.S. IN ACCOUNTING PREFERRED DEADLINE
FOR FALL START

FINANCIAL AID PRIORITY DEADLINE (FASFA MUST BE
FILED BY THIS DATE)

APRIL 1

PREFERRED DEADLINE FOR SUMMER ACCEPTANCE

JULY 1

PREFERRED DEADLINE FOR FALL ACCEPTANCE

NOVEMBER 1

PREFERRED DEADLINE FOR SPRING ACCEPTANCE

The College of Graduate and Continuing Education

at Westfield State University is proud to offer a variety of graduate programs designed to accommodate the personal and professional needs of today's busy student. With no difference between our in- and out-of-state tuition, Westfield State University is a great option for students all over the Northeast!

We share the values of the modern adult learner. Our high quality programs are affordable, flexible, and rewarding. We welcome the opportunity to tell you more about our programs, division, and university and also to guide you through the admission process. We encourage you to work with our outreach specialists who are here to answer your questions.

Westfield
STATE UNIVERSITY
COLLEGE OF
Graduate &
Continuing Education

THE ADMISSION PROCESS

The purpose of graduate education at Westfield State University is to allow the student to develop as a scholar capable of original thinking and research in a professional career. A graduate degree represents more than a completion of a prescribed number of courses. It indicates that the student has performed successfully in a field of professional study and has developed specialized skills, independent judgment and scholarship necessary to be a Master in his or her respective discipline.

Applicants' qualifications are reviewed by individual departments as well as by the Dean of Graduate and Continuing Education. Criteria used in weighing each application include: undergraduate grade point average, professional training, references, standardized test scores (if applicable), as well as the individual's narrative statement on professional goals and reasons for desiring graduate education.

The College of Graduate and Continuing Education strongly recommends that you work with an outreach specialist during the application process. Please contact (413) 572-8020 to be connected to an outreach specialist. Applicants may also contact the Assistant Director of CGCE Admissions with questions at (413) 572-8022. More information about our programs, the university, and the application process, can be found at gobacknow.com

APPLICATION INSTRUCTIONS

The application to a graduate degree program at Westfield State University requires the following:

- Completed graduate application and \$50 application fee. (Fee waived for veterans).
- Official, sealed transcripts from all colleges or universities previously attended. If you attended more than one college, submit one transcript from each institution. Please have transcripts sent directly from your former college/university to the Graduate and Continuing Education office; opened transcripts will not be accepted.
- Three letters of professional reference (forms enclosed).
- If applicable, official score report of either the Miller Analogies Test (MAT) or Graduate Record Exam (GRE). Scores older than five years are not valid. Please see table at right for more information on standardized test requirements.
- A narrative statement. Each program has different requirements for their narrative statement. Please see the individual program insert or contact an outreach specialist for more details.
- If applicable, a copy of your educator license.
- If applicable, a copy of passing score on the Communication and Literacy Portion of the Massachusetts test for Educator Licensure.
- A professional résumé is strongly recommended for applicants to Professional Licensure programs.
- Proof of Residency form (enclosed).

International Students are also required to provide the following:

- Official English translations and a credential evaluation of all secondary and post-secondary transcripts.
- An official copy of passing scores for the Test of English as a Foreign Language (TOEFL).
- Bank-notarized Certification of Finances form.
- A photocopy of applicant's current visa.

International applicants may obtain a credential evaluation of documents from: Center for Educational Documentation, Inc., PO Box 170116, Boston, MA 02117, (617) 338-7171.

DEADLINES

PROGRAM	APPLICATION DEADLINE
Master of Social Work*	February 1
Master of Arts in Counseling: Mental Health/ Forensic Mental Health	February 1
Master of Arts in Applied Behavior Analysis	February 1
Master of Arts in Counseling: School Guidance/Adjustment Counseling	Priority Deadline: Feb. 1, Applications accepted year-round for a fall start
Master of Public Administration	Rolling Admissions
Master of Science in Criminal Justice	Rolling Admissions
Master of Education	Rolling Admissions
Master of Science in Accounting	Rolling Admissions, preferred deadline of April 1
Master of Arts in English	Rolling Admissions
Master of Science in Physician Assistant Studies	August 1

STANDARDIZED TESTING REQUIREMENTS

PROGRAM	TESTING REQUIREMENT
Master of Social Work*	No Test Required
Master of Arts in Counseling: Mental Health/Forensic Mental Health	GRE or MAT; waived for WSU alum with a 3.5 or higher
Master of Arts in Applied Behavior Analysis	GRE or MAT; waived for WSU Alum with a 3.5 or higher
Master of Arts in Counseling: School Guidance/ Adjustment Counseling	MTEL only
Master of Public Administration	GRE or MAT; waived for WSU alum with a 3.5 or higher
Master of Science in Criminal Justice	GRE or MAT; waived for WSU alum with a 3.3 or higher
Master of Science in Accounting	No Test Required
Master of Arts in English	GRE or MAT; waived for alum with a 3.5 or higher
Master of Education: Initial Licensure programs	MTEL; GRE or MAT required for secondary and Vocational Ed programs only; GRE/MAT waived for alum with a 3.5 or higher
Master of Education: Professional Licensure programs	GRE or MAT required for secondary and Vocational Ed programs only; GRE/MAT waived for alum with a 3.5 or higher

**Please note: the Master of Social Work program and the Physician Assistant Studies program have their own applications. Please do not use this standard graduate application if you are applying to these programs.*

DEPOSITS

Applicants to the Master of Arts in Applied Behavior Analysis, Master of Arts in Counseling, and Master of Social Work program should note that there is a non-refundable deposit of \$150 due if accepted into the program. Instructions for submitting your deposit will be contained in your official letter of acceptance. Applicants in the M.S. in Physician Assistant Studies require a \$1,000 enrollment fee.

USER ID _____
(Office Use Only)

Semester Applying For:

Fall Spring Summer

1. Name _____
Last First Middle

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

2. Permanent Address _____
Street City State Zip Code

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

4. Email Address: _____

5. Telephone: Mobile _____ Work _____ Ext. _____ Home _____

6. Date of Birth: ____ / ____ / ____

Voluntary Information

Social Security Number

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: *Please check all that apply.* _____ American Indian or _____ Black or African
Alaskan Native American _____ Native Hawaiian _____ White
or other Pacific
_____ Asian _____ Cape Verdean Islander

Gender: _____ Female _____ Male

Are you or have you ever been a member of the U.S. Armed Forces?
Yes _____ No _____ (If you answered yes, your application fee is waived).

Citizenship (The following information is used to comply with requirements of the Immigration and Naturalization Service)

- UNITED STATES** **PERMANENT RESIDENT ALIEN REGISTRATION**
NUMBER Enclose copies of Alien Registration Card
(both sides) and/or Visa Documentation **INTERNATIONAL** (Non-Resident Alien) VISA TYPE Specify country and Visa type;
Enclose copies of VISA documentation. Transfer applicants also enclose copy of
current I-20. Country and Visa type: _____

PLEASE PROVIDE YOUR HOME COUNTRY ADDRESS:

6. Will you be applying for Financial Aid?: _____Yes _____No

7. Previous College Training: List in chronological order. Include associate, Bachelor's and any college credit to be considered for transfer into the program. If you attended Westfield State University, indicate whether you were a Day Division or Continuing Education student. (Failure to submit complete, official copies of all previous academic credentials constitutes academic dishonesty and will cause offer of admission to be rescinded.)

Institution Location Dates Attended Total Credits Degree Awarded

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8. Undergraduate Major _____ Minor _____

9. List courses for which you wish to receive graduate transfer credit (*Maximum 6 credits*):

Institution	Course	Grade	Dates	Credits

10. ___ Full-time (greater than nine credits per semester) or ___ Part-time (nine or fewer credits per semester)

11. Proposed area of study: Please check one:

Master of Arts

___ English (must submit literary essay) (non-licensure)

Master of Public Administration

___ Non-Profit Management ___ Criminal Justice

___ Public Management.

Master of Science

___ Criminal Justice

Homeland Security Certificate Option: ___

Applicants to both master's program and certificate submit one \$50 fee

Master of Science in Accounting

___ Foundation Curriculum ___ Advanced Curriculum

Initial Licensure Degree Programs (*Appropriate for students without licensure*)

Master of Arts

___ English with Initial Teacher Licensure
 ___ 5-8 ___ 8-12 (*must submit literary essay*) ___ both

Specialist Licensure Master of Education Program

___ Reading Specialist (*Candidates must possess Initial Licensure in Early Childhood, Elementary or Moderate Disabilities*)

Master of Education

___ Early Childhood Education ___ Elementary Education
 ___ Moderate Disabilities ___ PreK-8 ___ 5-12

Secondary Education

___ Biology 8-12
 ___ History ___ 5-8 ___ 8-12 ___ both
 ___ Mathematics ___ 5-8 ___ 8-12 ___ both

Professional Licensure Degree Programs (*Appropriate for teachers holding Initial Massachusetts Teacher Licensure*)

___ Early Childhood Education
 ___ Elementary Education
 ___ English (Master of Arts) ___ 5-8 ___ 8-12
 ___ Physical Education ___ PreK-8 ___ 5-12

Secondary Education
 ___ Mathematics ___ 5-8 ___ 8-12

Concentrations Non-licensure Programs**

Master of Education (non-licensure)
Appropriate for students with bachelor's degrees:
 ___ History
 ___ Vocational Education

Master of Education (non-licensure)
Appropriate for teachers already holding Professional Massachusetts Teacher Licensure:
 ___ Early Childhood Education ___ Secondary Education
 ___ Special Education ___ Elementary Education

Graduate Certificates

___ Homeland Security
 ___ Spanish (online)

**Candidates without licensure, but with appropriate experience in school settings, may be considered for admission.

Counseling Programs

- ___ Applied Behavior Analysis (deadline 2/1)*
- ___ School Guidance Counseling (Priority deadline 2/1, applications accepted year-round for a fall start.)*
 - ___ PreK-8 ___ 5-12
- ___ Mental Health Counseling (deadline 2/1)*
- ___ Forensic Mental Health Counseling (deadline 2/1)*
- ___ Adjustment Counseling (deadline 2/1)*

Certificate Program

___ Applied Behavior Analysis Certificate (deadline 2/1)*

Important Notice: Admissions decisions will be sent by April 15. Please visit our website at westfield.ma.edu/psychology for more information on admission into the graduate psychology program.

An interview may be required and dates are published on the website.

*Late applications may be considered.

12. If you possess a classroom teaching certificate, please attach a copy of your certificate and complete the following. Otherwise, skip to #13.

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): _____

13. Test Score Requirements: Graduate Record Examination (GRE) or Miller Analogies Test (MAT); scores older than five years will not be accepted.

Please complete the appropriate statement:

- I have taken the GRE on _____ (date); scores sent to Westfield State University.
- I have taken the MAT on _____ (date); scores sent to Westfield State University.
- I am planning to take the GRE MAT (circle one) on _____ (date); scores will be sent to Westfield State University.
- I am a Westfield State University Alum with a grade point average of 3.5 or higher or a 3.3 or higher in Criminal Justice, and I do not need to submit GRE or MAT scores _____ (initials).

Note: Initial Licensure candidates must submit a copy of Communication and Literacy Skills Test results. The College of Graduate and Continuing Education office does not receive MTEL scores directly from the Massachusetts Department of Elementary and Secondary Education.

OFFICIAL COPY OF TEST SCORES MUST BE RECEIVED BY WESTFIELD STATE UNIVERSITY BEFORE AN APPLICATION IS COMPLETE.

14. Honors or other special recognition of high scholarship or professional endeavors (honor societies, leadership roles in community organizations, publications, etc.)

15. Disciplinary and Criminal Information

Have you ever been placed on probation or suspended for disciplinary reasons? Yes No

In the case of transfer students, have you ever been refused admission to a college or university 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, or the high school guidance counselor, as appropriate, 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.

16. REFERENCES: List three professional references.* Reference forms are enclosed.

1.	_____	_____	_____
	Name	Position	Address
2.	_____	_____	_____
	Name	Position	Address
3.	_____	_____	_____
	Name	Position	Address

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

17. Please complete and attach a narrative statement of your professional goals and reasons for wanting to pursue the concentration that you have selected.

18. Please Note: All Criminal Justice majors and licensure candidates must submit proof of immunization including Hepatitis B.

OFFICIAL TRANSCRIPTS FROM EACH SCHOOL LISTED IN SECTIONS 7 & 9 MUST BE SENT DIRECTLY FROM THE SCHOOL OR COLLEGE IN A SEALED ENVELOPE TO:

Westfield State University
GRADUATE AND CONTINUING EDUCATION
ATTN: ADMISSIONS
577 WESTERN AVE
PO BOX 1630
WESTFIELD, MA 01086-1630

All application materials are the property of Graduate and Continuing Education and cannot 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

Westfield State University maintains and promotes a policy of non-discrimination on the basis of race, color, creed, religion, national origin, gender, age, disability, sexual orientation, gender identity, marital status, genetic information or veteran status.

PLEASE SEND
REFERENCE FORM TO: Westfield State University
GRADUATE AND CONTINUING EDUCATION
ATTN: ADMISSIONS
577 WESTERN AVE · PO BOX 1630 · WESTFIELD, MA 01086-1630

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

REFERENCE FOR ADMISSION TO:

Name

Street Address or P.O. Box

City State Zip

Program/Concentration

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 University 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 University 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. Compare 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 university in evaluating the applicant.

Date
Signature
Position

Address

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 Program/Concentration

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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. Compare 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					

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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

Name

Street Address or P.O. Box

City State Zip

REFERENCE FOR ADMISSION TO:

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2. Please complete the rating scale by placing checkmarks in the appropriate locations. Compare 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 university in evaluating the applicant.

Date
Signature
Position

Address

Proof of Residency

Please return this form to the College of Graduate & Continuing Education or submit electronically.

MASSACHUSETTS PUBLIC HIGHER EDUCATION INSTITUTIONS TUITION ELIGIBILITY FORM

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Has your address changed since you applied to WSU? Yes No

SSN# or Student I.D. Number: _____ Date of Birth: _____

Are you a U.S. Citizen? Yes No

Are you a Permanent Resident? Yes No If yes, please provide Alien Registration Number: _____

If you are not a U.S. Citizen or Permanent Resident, please state your immigration status in detail:

Please check the eligibility category that applies to you:

- I have been a Massachusetts resident for twelve (12) continuous months and intend to remain here.
- I am not a Massachusetts resident and will be applying to the College of Graduate and Continuing Education.

As proof of my residency, I possess at least 2 of the following documents, which I shall present to the college only upon request. These documents are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary.

Please check-off those documents you possess as proof of your residency.

- | | | |
|---|--|---|
| <input type="radio"/> Driver's license | <input type="radio"/> Voter registration | <input type="radio"/> Military home of record |
| <input type="radio"/> High School Diploma | <input type="radio"/> State/Federal tax returns | <input type="radio"/> Record of parents' residency for unemancipated person |
| <input type="radio"/> Employment pay stub | <input type="radio"/> Utility bills | <input type="radio"/> Other: _____ |
| <input type="radio"/> Car registration | <input type="radio"/> Signed lease or rent receipt | |

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD)

_____/_____/_____
DATE

RULES AND REGULATIONS FOR THE CLASSIFICATION OF STUDENTS FOR TUITION PURPOSES

These rules and regulations shall apply to the classification of students at Westfield State University as Massachusetts or non-Massachusetts students for tuition purposes.

SECTION 1. DEFINITIONS

- 1) **ACADEMIC PERIOD** – A term or semester in an academic year or a summer session, as prescribed by the Board of Trustees or under their authority
- 2) **CONTINUOUS ATTENDANCE** – Enrollment at the University for the normal academic year in each calendar year, or the appropriate portion or portions of such academic year as prescribed by the Board of Trustees or under their authority.
- 3) **DOMICILE** – A person’s true, fixed and permanent home and place of habitation, where he intends to remain permanently or for an indefinite time.
- 4) **EMANCIPATED PERSON** – A person (a) who has attained the age of 18 years of age, or (b) if under 18 years of age, whose parents have entirely surrendered the right to the care, custody and earnings of such person and who no longer are under any legal obligation to support or maintain such persons, or (c) a person who has no parent. If none of the foresaid definitions apply, said person shall be deemed an “unemancipated person.”
- 5) **HIS** – Shall apply to the female as well as male gender.
- 6) **PARENT** – With respect to a person (in the case of an adopted person, inserting the adjective “adoptive” before the words “father and “mother” whenever used)
 - a) the person’s father;
 - b) if the person’s father dies, either the legal guardian or if no legal guardian is appointed, the person’s mother;
 - c) if neither the father nor mother is living and no legal guardian is appointed, the person who then stands in loco parentis to the person;
 - d) if the father and mother are divorced, the person to whom legal custody of the person is awarded;
 - e) if the father and mother are divorced, separated or unmarried and legal custody has not been awarded, the father or the mother, as the case may be, with whom the person lives or, if he lives with neither and the father is living, the father.
- 7) **RESIDENCE** – A place of habitation

SECTION 2. RULES FOR DETERMINATION OF DOMICILE

- 1) Domicile is not acquired by mere physical presence in Massachusetts while the person is carrying on a course of study at the UNIVERSITY or while the person is engaged in employment for a specified term unless Massachusetts is otherwise the domicile of the person.
- 2) Domicile at birth may be changed thereafter, by action of the parent in the case of an unemancipated person or by action of the person himself in the case of an emancipated person.
- 3) A person claiming Massachusetts as his domicile shall furnish evidence to support such claim. The following shall be of probative value, although not necessarily conclusive, in support of a claim of domicile within Massachusetts:
 - (a) Birth certificate;
 - (b) Motor vehicle registration and/or operator’s license;
 - (c) Voting or registration for voting;
 - (d) Certified copies of Federal and State Income Tax returns;
 - (e) Property ownership;
 - (f) Continuous physical presence in Massachusetts during periods when not enrolled as a student;
 - (g) Permanent employment in a position not normally filed by a student;
 - (h) Reliance on Massachusetts sources for financial support;
 - (i) Former domicile in Massachusetts and maintenance of significant connections therein while absent;
 - (j) Domicile of parent within Massachusetts.

Evidence submitted in support of an assertion of domicile or of parental relationship shall be in such form as Westfield State University may require. Copies of official records or documents shall be authenticated by a proper officer. Assertions of fact made other than by an authenticated copy of an official record shall be certified as to accuracy and completeness by the person submitting the same.

SECTION 3. PROOF OF PARENTAL RELATIONSHIP

A person asserting that he is an emancipated person shall furnish evidence to support such assertion. Such evidence may include:

- a) Birth certificate or any other legal document that shows place and date of birth;
- b) Legal guardianship papers: court appointment and termination must be submitted;
- c) Statements of the person, his parent(s), guardian(s), or others certifying no financial support;
- d) Certified copies of Federal and State Income Tax returns filed by the person and his parent(s);
- e) Where none of the foregoing can be provided, an affidavit of the emancipated person in explanation thereof and stating fully the grounds supporting the claims of emancipation.

SECTION 4. RULES FOR CLASSIFICATION

- 1) Every emancipated person applying for admissions to the University who has maintained a residence in Massachusetts for a period of no less than one continuous calendar year next preceding the date of his application and has established a domicile in Massachusetts shall be eligible for classification as a Massachusetts student for tuition purposes
- 2) Every unemancipated person applying for admissions to the University whose parent had maintained a residence in Massachusetts for a period of no less than one continuous calendar year preceding the date of application and has established a domicile in Massachusetts, shall be eligible for classification as a Massachusetts student for tuition purposes.
- 3) Every emancipated person seeking a change of classification who has maintained a residence in Massachusetts for a period of no less than one continuous calendar year next preceding the beginning date of the academic period for which he registers and has established a domicile in Massachusetts shall be eligible for classification as a Massachusetts student for tuition purposes for such academic period.
- 4) Every unemancipated person seeking a change in classification whose parent has maintained a residence in Massachusetts for a period of no less than one continuous calendar year next preceding the beginning date of the academic period for which the person registers and has established a domicile in Massachusetts shall be eligible for classification as a Massachusetts student for tuitions purposes for such academic period.
- 5) A person having his domicile elsewhere than in Massachusetts shall not be eligible for classification as a Massachusetts student for tuition purposes except as herein provided.
- 6) Any person who is registered at the University as a Massachusetts student shall be eligible for continued classification as a Massachusetts student for tuition purposes (until attainment of the degree for which he is then enrolled) during continuous attendance at such institution.
- 7) A member of the Armed Forces of the United States and his/ her spouse and unemancipated children shall, while he/she is on active duty and stationed in the Commonwealth of Massachusetts, be eligible for classification as Massachusetts students for tuition purposes.

SECTION 5. CHANGE IN CLASSIFICATION

No application for change to classification as a Massachusetts student for tuition purposes submitted later than the first day of classes shall affect a classification during the then current academic period.

SECTION 6. PENALTY FOR MISREPRESENTATION

Misrepresentation in or omission from any evidence submitted of any fact which if correctly or completely stated would be grounds to deny classification as a Massachusetts student for tuition purposes shall be cause for exclusion or expulsion from or other disciplinary action by the university.

SECTION 7. APPEALS

Appeals from a determination denying classification as a Massachusetts student shall be initiated by filing a written request with the Bursar of the University or his/her designee specifying the particular grounds for said request.

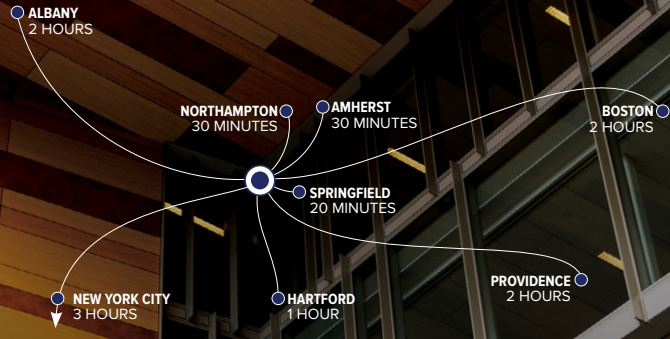
SECTION 8. MISCELLANEOUS

Nothing contained herein shall be construed as limiting or prohibiting the authority of the Board of Trustees to waive or reduce tuition charges.

ADMISSION APPLICATION CHECKLIST

- A check or money order for \$50.00 payable to Westfield State University is enclosed
- Official transcripts from each school listed have been sent directly from the school or college in a sealed envelope, or will be forwarded
- Proof of Residency form
- Narrative statement
- Three professional references
- If applicable, official scores of either the MAT or GRE tests
- If applicable, a copy of your educator license
- If applicable, copies of passing scores in the Communication and Literacy Skills portion of the Massachusetts Test for Educator Licensure
- Proof of immunization including Hepatitis B (All criminal justice majors and licensure candidates)
- Professional resume recommended

Nestled in the scenic Pioneer Valley, Westfield State University is within commuting distance of Springfield, Worcester, Boston, the Berkshires, northern Connecticut, eastern New York, and southern Vermont and New Hampshire.



Westfield State University

Graduate and Continuing Education

577 Western Avenue, P.O. Box 1630 • Westfield, MA 01086-1630

(t) (413) 572-8020 • (f) (413) 572-5227 • (tty/tdd) (413) 572-5250

wsucgce@westfield.ma.edu • GoBackNow.com