

Post-Baccalaureate Teacher Licensure APPLICATION



PROGRAM HIGHLIGHTS:

BIOLOGY 8–12

**EARLY CHILDHOOD EDUCATION
PREK–2**

ELEMENTARY EDUCATION 1–6

ENGLISH 5–8, 8–12

HISTORY 8–12

MATHEMATICS 5–8, 8–12

MUSIC ALL LEVELS

**PHYSICAL EDUCATION
PREK–8, 5–12, BOTH**

**MODERATE DISABILITIES
PREK–8, 5–12**

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

Westfield State University offers a variety of licensure approved programs through 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 University 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.

GENERAL INSTRUCTIONS

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

1. Application and \$50.00 fee (nonrefundable). Westfield State waives the application fee for veterans.
2. Two letters of recommendation (professional)
3. Passing scores on the Massachusetts Test for Educator Licensure: Communication and Literacy Exam
4. Official, sealed transcripts from all college or universities previously attended. 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 Graduate and Continuing Education office; 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 170116, Boston, MA 02117
(617) 338-7171
(Applicants are responsible for processing fee.)

6. Submit a Proof of Residency form. (enclosed)

All forms and official transcripts should be sent to the address below. See page 3 for official transcript instructions.

Westfield State University
Graduate And Continuing Education
Attn: Admissions
577 Western Ave
PO Box 1630
Westfield, MA 01086-1630

CERTIFICATION AREAS

This program affords students the opportunity to earn certification at the Initial level in the following subject areas and levels:

Biology	8-12
Early Childhood Education	PreK-2
Elementary Education	1-6
English	5-8, 8-12
History	8-12
Mathematics	5-8, 8-12
Music	All Levels
Physical Education	PreK-8, 5-12, Both
Moderate Disabilities	PreK-8, 5-12

ACCEPTANCE

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

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

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.

All questions concerning the admission process should be directed to the College of Graduate and Continuing Education at (413) 572-8020.

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 University 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 University, located in the Military Community Excellence Center, Bates Hall, Room 15. Veterans are responsible for all fees associated with Westfield State University course work.

All questions concerning veteran benefits should be directed to Veterans Affairs at (413) 572-8370.

WESTFIELD STATE UNIVERSITY'S NOTICE OF NON-DISCRIMINATION

Westfield State University does not unlawfully discriminate in admission or access to, or treatment or employment in, its educational programs and activities on the basis of race, color, religion, national origin, age, disability, gender, sexual orientation, gender identity, gender expression, genetic information, marital or parental status, or veteran status.

The University's Director of Non-Discrimination Compliance has been designated to handle inquiries regarding non-discrimination policies. The Director of Non-Discrimination Compliance may be contacted at:

Westfield State University
The Horace Mann Center, Room 239-1
333 Western Avenue
PO Box 1630
Westfield, MA 01086-1630
(413) 572-8485

USER ID _____
(Office Use Only)

Semester Applying For:

Fall Spring Summer

1. Applicant's 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 _____

Voluntary Information

_____-_____-_____
Social Security Number Date of Birth

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: *Please check all that apply.* _____ American Indian or _____ Black or African _____ Native Hawaiian _____ White
Alaskan Native American 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. Massachusetts Test for Educator Licensure (*please provide copy of pdf document provided by MA Dept. of Elementary and Secondary Education to CGCE*) The Graduate and Continuing Education office does not receive MTEL scores directly from the MA Department of Education.

Communication and Literacy Exam Date Taken _____ Passed Yes or No _____

10. Licensure(s) you currently hold (if any): Level _____

Area of Concentration _____

11. Licensure program for which you are applying:

Biology	8-12 ____	Mathematics	5-8 ____	8-12 ____	
Early Childhood Education	PreK-2 ____	Music	All Levels ____		
Elementary Education	1-6 ____	Physical Education	PreK-8 ____	5-12 ____	Both ____
English	5-8 ____	8-12 ____	Moderate Disabilities	PreK-8 ____	5-12 ____
History	8-12 ____				

12. Disciplinary and Criminal Information

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

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.

13. REFERENCES: List two professional references.* Reference forms available upon request.

1. _____

Name	Position	Address
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2. _____

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

14. Please Note: All licensure candidates must submit proof of immunization including Hepatitis B.

OFFICIAL TRANSCRIPTS FROM EACH SCHOOL LISTED IN SECTION 7 MUST BE SENT DIRECTLY FROM THE SCHOOL OR COLLEGE IN A SEALED ENVELOPE.

All application materials are the property of the College 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.

Westfield State University also reserves the right to rescind an offer of admission at any time after the submission of an application if University officials acquire information that may place the safety of the University at risk.

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 it remaining confidential to me.

Signature
Date

NAME & ADDRESS OF REFERENCE

Name

Street Address or P.O. Box

City State Zip

REFERENCE FOR ADMISSION TO:

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

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 it remaining confidential to me.

Signature
Date

NAME & ADDRESS OF REFERENCE

 Name

 Street Address or P.O. Box

 City
 State
Zip

REFERENCE FOR ADMISSION TO:

 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.

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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.

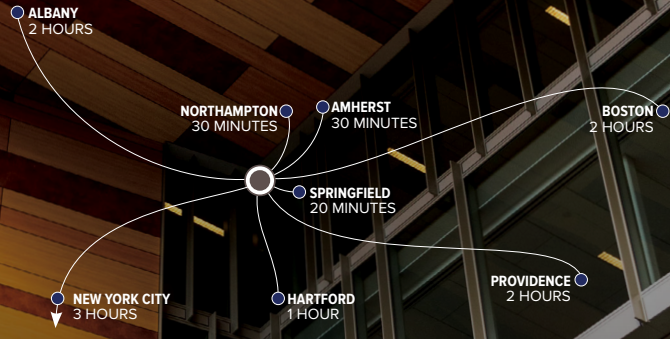
SECTION 8. MISCELLANEOUS

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
- Two professional reference letters sent to the Graduate and Continuing Education office
- Official transcripts from each school listed have been sent directly from the school or college in a sealed envelope, or will be forwarded
- Results of the Massachusetts Test for Educator Licensure Communication and Literacy Exam have been forwarded
- I understand that once the above requirements have been met, I must meet with my advisor(s) to complete a Program of Study form
- Submitted Proof of Residency

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