APPLICATION PROCESS AND REQUIREMENTS:

Admittance to the Master of Social Work program is competitive. Applicants must submit all of the following materials by February 1st for the application to be reviewed for admission:

1. Completed Master of Social Work application with $50 application fee.
2. Sealed, official transcripts from all colleges or universities previously attended.
   - Westfield State University alumni do not need to provide undergraduate transcripts unless they have earned academic credit after graduation.
3. Three completed reference forms with accompanying letters of recommendation.
   - At least one academic reference is required.
   - Advanced Standing Students only: A letter from your BSW program director or his or her designee is required. A letter from your field placement supervisor is strongly recommended.
4. Professional résumé or curriculum vitae.
5. A statement of purpose which should include:
   - reason(s) for interest in entering the field of social work;
   - assessment of personal strengths and limitations related to the profession;
   - examination of life experiences and relationship of these experiences to career choice. Discuss here evidence of your commitment to aiding people who are oppressed and/or members of vulnerable populations (good examples are prior work, civic or volunteer experiences); and
   - assessment of personal values and congruence of these beliefs with the social work profession's value system (we suggest that you review the NASW Code of Ethics prior to writing the professional statement).

The professional statement will be evaluated regarding the above material and also will be considered a writing sample to evaluate your ability to express yourself in written form. Applicants who believe that they have extraordinary circumstances regarding the GPA requirements must include their rationale for their request to have the GPA requirements waived.

DECISION AND DEPOSITS:

Applicants to the Master of Social Work program can expect to be notified of acceptance status by April 1st.

Applicants accepted into the program will have ten days to provide a $150 deposit to secure a spot in the program. This $150 deposit will be credited to the students account and applied their first fall semester bill.
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. Email Address: __________________________________________

5. Telephone: Home __________________________ Work __________________________ Ext. ________ Mobile __________________________

International Students, please provide your home country address:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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

Citizenship
_____ United States
_____ Permanent Resident, Alien Registration # _____________________________
Enclose copies of Alien Registration Card (both sides) and/or Visa Documentation

_____ International (Non-Resident Alien) Specify country and Visa type; Enclose copies of VISA documentation. Transfer applicants also enclose copy of current I-20. Country and Visa type: _____________________________

Voluntary Information

Ethnicity
_____ Hispanic or Latino
_____ Not Hispanic or Latino

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

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).

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.

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<th>Total Credits</th>
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8. Undergraduate Major ________________________________________ Minor ________________________________

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

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<th>Institution</th>
<th>Course</th>
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10. Please indicate which Social Work program is your preference. If willing to be considered for more than one program, please order preferences (1 being most desired).

___ Advanced Standing, full-time (1 year)

___ Advanced Standing, part-time (2 years)

___ Traditional, full-time (2 years)

___ Traditional, accelerated part-time (3 years)

___ Traditional, part-time (4 years)

11. Please identify the courses you have taken that fulfill the requirements below:

Social Sciences (classes in this category include psychology, sociology, social work, human services, criminal justice, economics, and cultural studies):

___________________________________________________________________________________________________________

Government (classes fulfill this requirement will have content that covered the workings of the U.S. government):

___________________________________________________________________________________________________________

Human Biology (classes that fulfill this requirement may be titled either Human Biology or Anatomy and Physiology or have specific content on human biology):

___________________________________________________________________________________________________________

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

13. 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.
14. 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.

15. Complete and attach your narrative statement. Please follow statement guidelines listed on inside front cover.

16. Please check each box to indicate that you understand the following information and sign to verify the accuracy of this information.

   ___ I understand that the application fee and deposit if accepted are non-refundable.

   ___ I understand that reference forms need to have attached narratives or letters in support of my application.

   ___ I understand that if accepted I will need to meet all the prerequisite requirements by the timeline determined by the program coordinator but that not having the completed all the prerequisites prior to applying is not a reason for rejection from the program.

   ___ I understand the personal statement I am submitting is both a writing sample and a demonstration of my understanding of the Values and Ethics of Social Work, my critical thinking skills, and my ability to be self-reflective.

   ___ I understand that field placement agencies generally require a CORI check. I also understand that if I have a positive CORI background check that this positive CORI has the potential to reduce or eliminate opportunities regarding field placement options and may create issues with acquiring license once completing my M.S.W., and could impact social work employment after completing my M.S.W.

   ___ I understand that all application materials are property of Graduate and Continuing Education and cannot be returned to you or submitted to other parties for any other use.

By signing below, I certify that I have read and understood the general admission information in 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.
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

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:

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<tr>
<th>Character &amp; Personal Integrity</th>
<th>No Basis for Evaluation</th>
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3. Please add or attach comments that will assist the university in evaluating the applicant.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

_________________________    ______________________________
Date                            Signature

Position

Address
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

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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____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

__________________________________________________________
Date

__________________________________________________________
Signature

__________________________________________________________
Position

___________________________
Address
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

Name ______________________________________________________________

Street Address or P.O. Box ____________________________________________

City State Zip

To be filled out by the reference  Please type or print.

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3. Please add or attach comments that will assist the university in evaluating the applicant.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

_________________________ ______________________________
Date Signature

Position

Address
To be filled out by applicant  Please type or print.

Applicant's Full Name:______________________________________________________ Male:____ Female:____ SS# ______________

Applicant’s Permanent Address:_________________________________________________ Since (Month/Day/Year): ______________

Date of Birth:________________________ City and State of Birth:_____________________________________________________

Are you a U.S. Citizen?  Yes___  No___.   If not, Alien Registration #: ___________ Is Visa Temporary______or Permanent______

College/Local Address, If Known:________________________________________________________ Since (Month/Day/Year): __________

Parent's/Legal Guardian's Name*:
______________________________________________________________________________

Parent's/Legal Guardian's Permanent Address:
___________________________________________________________________________

Since (Month/Day/Year):_______________ Are you and/or either of your parent(s) members of the Armed Forces on active duty in Massachusetts? Yes____ No____

Please read the rules and regulations for classification as a Massachusetts student on our website, GoBackNow.com.
CONCEALMENT OF FACTS OR UNTRUTHFUL STATEMENTS MAY CAUSE YOU TO BE SUBJECT TO DISMISSAL FROM THE INSTITUTION.

STATEMENT OF APPLICANT IF 18 YEARS OF AGE OR OLDER:
Answer either A & B, or C only

A) I __________________________ certify that I have read the rules and regulations for the classification of students for tuition purposes at WESTFIELD STATE UNIVERSITY and that I am aware of the appeals procedure under those rules and regulations.
Signature:__________________________________________ Date:_____________

B) I __________________________ certify that I am ______ years of age and that pursuant to said rules and regulations I am domiciled in Massachusetts and have maintained a residence herein continuously since:____________________
(Month/Day/Year)
Signature:__________________________________________ Date:_____________

C) I __________________________ certify that I am NOT a Massachusetts resident and that I will be classified as an out-of-state student for tuition purposes.
Signature:__________________________________________ Date:_____________

STATEMENT OF PARENT/LEGAL GUARDIAN* IF APPLICANT IS LESS THAN 18 YEARS OF AGE: Answer either D & E, or F only

D) I __________________________ certify that I have read the rules and regulations for the classification of students for tuition purposes at WESTFIELD STATE UNIVERSITY and that I am aware of the appeals procedure under those rules and regulations.
Signature:__________________________________________ Date:_____________

E) I __________________________ certify that I am the parent/guardian of __________________________ and that pursuant to said rules and regulations he/she is domiciled in Massachusetts and has maintained a residence herein continuously since:____________________
(Month/Day/Year)
Signature:__________________________________________ Date:_____________

F) I __________________________ certify that I am the parent/guardian of __________________________ and that he/she is NOT a Massachusetts resident and that he/she will be classified as an out-of-state student for tuition purposes.
Signature:__________________________________________ Date:_____________

* If legal guardian, please enclose proof of court appointment
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 next 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 with accompanying letters of recommendation
- [ ] Proof of immunization including Hepatitis B
- [ ] Professional resume or vitae

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### WESTFIELD STATE UNIVERSITY CRIME REPORT

The Westfield State University Annual Security Report can be found at westfield.ma.edu/safety, along with additional safety and fire information.

Hard copies of all reports are available upon request by calling the Department of Public Safety at (413) 572-5262.

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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

dgceadmissions@westfield.ma.edu  
GoBackNow.com  
WestfieldOnTheWeb.net