GRADUATE AND CONTINUING EDUCATION

GRADUATE APPLICATION

Westfield STATE UNIVERSITY  Founded 1838
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 Division 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 admissions coordinator 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), Graduate Record Exam (GRE) or the Graduate Management Admission Test (GMAT). 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

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<thead>
<tr>
<th>PROGRAM</th>
<th>APPLICATION DEADLINE</th>
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<tbody>
<tr>
<td>Master of Social Work*</td>
<td>February 1</td>
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<tr>
<td>Master of Arts in Psychology: Mental Health/Forensic Mental Health</td>
<td>February 1</td>
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<tr>
<td>Master of Arts in Applied Behavior Analysis</td>
<td>February 1</td>
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<tr>
<td>Master of Arts in Psychology: School Guidance</td>
<td>Priority Deadline: Febr. 1, Applications accepted year-round for a fall start</td>
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<tr>
<td>Master of Public Administration</td>
<td>Rolling Admissions</td>
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<td>Master of Science in Criminal Justice</td>
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STANDARDIZED TESTING REQUIREMENTS

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<td>Master of Social Work*</td>
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<td>MTEL only</td>
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<tr>
<td>Master of Science in Criminal Justice</td>
<td>GRE or MAT; waived for WSU alum with a 3.3 or higher</td>
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<td>Master of Science in Accountancy: Foundation Curriculum</td>
<td>GMAT; waived for WSU alum with a 3.5 or higher</td>
</tr>
<tr>
<td>Master of Science in Accountancy: Advanced Curriculum</td>
<td>GMAT; waived for WSU accounting alum with a 3.0 or higher</td>
</tr>
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<td>Master of Arts in English</td>
<td>GRE or MAT; waived for alum with a 3.5 or higher</td>
</tr>
<tr>
<td>Master of Education: Initial Licensure programs</td>
<td>MTEL; GRE or MAT required for secondary and Vocational Ed programs only; GRE/MAT waived for alum with a 3.5 or higher</td>
</tr>
<tr>
<td>Master of Education: Professional Licensure programs</td>
<td>GRE or MAT required for secondary and Vocational Ed programs only; GRE/MAT waived for alum with a 3.5 or higher</td>
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* Please note: the Master of Social Work program has its own application. Please do not use this standard graduate application if you are applying to the Social Work program.

DEPOSITS

Applicants to the Master of Arts in Applied Behavior Analysis, Master of Arts in Psychology, 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.
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).

Gender
____ Female
____ Male

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.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Total Credits</th>
<th>Degree Awarded</th>
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8. Undergraduate Major ______________________________________________________ Minor ______________________________________________________

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

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<tr>
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<th>Course</th>
<th>Grade</th>
<th>Dates</th>
<th>Credits</th>
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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)

**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 Accountancy**
- ___ Foundation Curriculum
- ___ Advanced Curriculum

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**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

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

**Secondary Education**
- ___ Biology ___ 8-12
- ___ Chemistry ___ 8-12
- ___ General Science ___ 5-8
- ___ History ___ 5-8 ___ 8-12 ___ both
- ___ Mathematics ___ 5-8 ___ 8-12 ___ both

**Specialist Licensure Master of Education Program**
- ___ Reading Specialist *(Candidates must possess Initial Licensure in Early Childhood, Elementary or Moderate Disabilities)*

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

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

**Secondary Education**
- ___ Biology ___ 8-12
- ___ Mathematics ___ 5-8 ___ 8-12
- ___ History ___ 5-8 ___ 8-12

**Concentrations Non-licensure Programs** *

**Master of Education (non-licensure)**
- ___ Early Childhood Education
- ___ Elementary Education
- ___ Educational Administration
- ___ Special Education

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

## Certificate Program

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

*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), Graduate Management Admission Test (GMAT); 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 GMAT 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, MAT or GMAT scores _______(initials).

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

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<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
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*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.
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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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

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

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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 ____________________________________________________________  

REFERENCE FOR ADMISSION TO:

Program/Concentration ________________________________________________

Street Address or P.O. Box ______________________________________________

City  State  Zip

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

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____________________________________________________________________________________________________________

__________________________  ______________________________
Date  Signature  Position

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

Applicant's Name: ____________________________________________

Last  First  Middle

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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

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 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'/Legal Guardian's Name*:_____________________________________________________________________________

Parent'/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 IF 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 he/she is domiciled in Massachusetts and has maintained a residence therein 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 foreshaid 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 tuition 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, GRE, or GMAT test

☐ 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

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.