



Application for Admission

- Application fee: \$30 in U.S. dollars (non-refundable). Make check payable to Assumption College (application fee waived for Assumption College matriculated students or graduates).
- Send this application form and fee to: Director of Graduate Enrollment Management & Services, Assumption College, Graduate School, 500 Salisbury Street, Worcester, MA 01609-1296.

1 BACKGROUND INFORMATION (Please type or print clearly.)

Social Security Number _____ Date _____

Last Name _____ First Name _____ Middle Name _____ Maiden Name _____
If name appearing on your transcript(s) differs from name on this application, please indicate.

Permanent Address - Street & Number _____

City _____ State _____ Zip Code _____ Country _____

(_____) _____
 Permanent Telephone Number _____ Permanent E - Mail Address _____

Current Address - (Only needed if different from permanent address) Street & Number _____

City _____ State _____ Zip Code _____ Country _____

(_____) _____
 Current Telephone Number _____ Current E - Mail Address _____

Gender: Male Female

Date of Birth (Optional): ____/____/____
Mo. Day Year

Country of Birth: _____

Ethnic Background (Optional):

Country of Citizenship: _____

- Native American / Alaskan Native
- Black / African American
- Asian American / Pacific Islander
- Hispanic / Latino
- Caucasian / White
- Other _____

Native Language: _____

Are you a: U.S. Citizen
 Permanent Resident: Alien registration no. _____
 Nonresident Alien: Type of visa _____

2 FIELD OF STUDY - Indicate which program you are applying to and a proposed semester to start:

Starting Semester:
 Summer Fall Spring
 Year _____

BUSINESS STUDIES Master of Business Administration (MBA)
 Certificate of Advanced Graduate Studies in Business Administration (CAGS)

COUNSELING PSYCHOLOGY Master of Arts in Counseling Psychology Full-time Part-time
 Certificate of Advanced Graduate Studies in Counseling Psychology (CAGS)

REHABILITATION COUNSELING Master of Arts in Rehabilitation Counseling
 Full-time (Worcester Campus)
 Part-time: Worcester Campus Fall River Campus Online
 Certificate of Advanced Graduate Studies in Rehabilitation Counseling (CAGS)

SCHOOL COUNSELING Master of Arts in School Counseling Full-time Part-time
 Certificate of Advanced Graduate Studies in School Counseling (CAGS)

SPECIAL EDUCATION Master of Arts in Special Education Full-time Part-time

3 EDUCATION

List all colleges attended and request that they send official transcripts directly to Assumption College, Graduate School, 500 Salisbury Street, Worcester, MA 01609-1296.

College	City / State	Attendance From / To	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4 WORK EXPERIENCE

a)

Current Employer Name	Your Title / Position		
Employer Address: Street & Number	City	State	Zip Code
(_____) _____	_____	_____	_____
Business Telephone Number	Business E - Mail Address		

5 RESUME

On an attached sheet submit a current resume outlining your academic and work experiences.

6 FINANCIAL AID

Have you submitted a Free Application for Federal Student Aid (FAFSA) for the current year? Yes No
For information visit the FAFSA web site (www.fafsa.ed.gov), or call the Assumption College Financial Aid office at (508)767-7154.

7 SCHOOL COUNSELING - Complete if you are applying to the School Counseling program:

- a) Do you hold a Massachusetts certificate or license? Yes No
Field _____ Level _____ Date of Issue _____
- b) If you have evidence of a passing score on the *Massachusetts Teacher Communication and Literacy Exam*, submit a copy.

8 SPECIAL EDUCATION- Complete if you are applying to the Special Education program:

- a) Do you hold a Massachusetts Educator License? Yes No
Field _____ Level _____ Date of Issue _____
- b) If you have a teaching license, submit a copy of your current teacher license and/or evidence of passing score on any of the *Massachusetts Tests for Educator Licensure (MTEL)*, you have taken.

9 RECOMMENDATIONS

- Business Studies:** MBA or CAGS applicants require **three (3)** recommendations.*
- Counseling Psychology:** MA or CAGS applicants require **three (3)** recommendations.*
- Rehabilitation Counseling:** MA or CAGS applicants require **three (3)** recommendations.*
- School Counseling:** MA or CAGS applicants require **three (3)** recommendations.*
- Special Education:** MA applicants require **three (3)** recommendations.*

* IMPORTANT: Use the form provided in this application, or the downloadable recommendation form on the Graduate School web site.

Please list your sources of recommendations:

Name	School / Agency / Company	Address	Position / Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10 PERSONAL STATEMENT

- a) Applicants to **Business Studies** (MBA or CAGS); **Rehabilitation Counseling** (MA, CAGS); **School Counseling** (MA or CAGS); or **Special Education** (MA): Prepare a typed essay explaining why you would like to pursue a degree (or certificate) in your intended field of study and your qualifications for undertaking such professional study.
- b) Applicants to **Counseling Psychology** (MA or CAGS): Prepare a typed essay of approximately 600 words that answers each of the following:
- 1) Describe the academic preparation and skills that you have that qualifies you for the rigorous training involved in our Master's Program in Counseling Psychology. Discuss experiential and field-based experiences that you believe prepare you for our counseling program;
 - 2) Describe what you hope to accomplish academically in this program and your career goals. (Focusing on the actual job you would like to have five years after completing graduate study will bring specificity to your essay.);
 - 3) Describe the qualities that you see as essential for an effective counselor and then assess yourself in terms of these characteristics.

11 ENGLISH LANGUAGE TESTING *(if applicable)*

Applicants whose native language is not English, enter result of Test of English as a Foreign Language (TOEFL) or International Language Testing System (IELTS).

Date Taken: _____ Score: _____

For information, see the TOEFL web site (www.toefl.org) or write to TOEFL, Box 899, Princeton, NJ 08540, or see the IELTS web site (www.ielts.org) or write to IELTS Inc., 100 East Corson Street, Suite 200, Pasadena, CA 91103. Have official score sent to Assumption College (Code no. 3009), Graduate School.

12 APPLICATION SIGNATURE

I certify that the information on the application is accurate.

Signature

Date

Please enclose the application fee of \$30.00 (waived for Assumption College matriculated students or graduates).

PLEASE CHECK ALL STATEMENTS THAT APPLY:

Why did you choose Assumption College?

- Quality Program
- Recognized Faculty
- Campus Location
- Tuition
- Catholic College
- Other _____

How did you hear about Assumption College?

- Faculty Advisor
- Career Counselor
- College Friend
- Family Member
- Graduate Fair
- Work Colleague/Supervisor
- Media Advertising
- Search Engine or Other Web Site (please specify) _____
- Other _____

DO NOT WRITE BELOW THIS LINE.

Application Fee: RECEIVED _____ WAIVED _____
Date Date

ADMITTANCE STATUS:

Accepted _____ Date _____

Accepted Conditionally _____ Date _____

Rejected _____ Date _____
Program Director

Date _____
Director of Graduate Enrollment

SPECIAL NOTES:



Recommendation Form

ASSUMPTION COLLEGE • GRADUATE SCHOOL

500 Salisbury Street, Worcester, MA 01609-1296 Phone (508)767-7387 Fax (508)767-7030

Applicant's Name *(Please type or print)*

Last Name

First Name

Middle Initial

In accordance with the Family Educational Rights and Privacy Act of 1974 applicants may waive their right to see letters of recommendation. Please indicate your choice and sign on the appropriate line below. If you choose to retain your right, you may read this recommendation before you enroll in any graduate program at Assumption College.

I waive my right to see this recommendation.

I retain my right to see this recommendation.

Applicant Signature

Date

- Student is applying for:
- Master of Business Administration; CAGS
 - Master of Arts in Counseling Psychology; CAGS
 - Master of Arts in Rehabilitation Counseling; CAGS
 - Master of Arts in School Counseling; CAGS
 - Master of Arts in Special Education

Recommender's Name

Last Name

First Name

Middle Initial

To be completed by the Recommender:

1) How long have you known the applicant? _____

2) In what capacity have you known the applicant? _____

3) Please use the following table to compare the candidate with others you have **recommended for graduate study or with others you have known in a professional capacity**. Please note that the purpose of this evaluation is to assess the applicant's ability to perform academic work at the graduate level.

	Top 5%	Top 10%	Top 25%	Top 50%	No Basis to Judge
Intellectual ability					
Ability in speaking					
Ability in writing					
Knowledge of academic area					
Analytical ability					
Emotional maturity and stability					
Ability to work with others					
Responsibility					
Ability to make good judgments					

4) In the space below, please provide a written assessment of this applicant's potential to complete a rigorous master's level program. Be as specific and candid as possible, commenting on strengths and weaknesses and providing examples of skills and characteristics that you believe are relevant to our decision. Attach an additional sheet if necessary.

Recommender's Name _____
(Please type or print)

Title _____

Place of Employment _____

Street Address/PO Box _____

City _____ State _____ Zip _____

Phone # (_____) _____ E-Mail Address _____

Signature _____

Thank you for your time in providing this recommendation.

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Worcester, MA 01609-1296

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www.assumption.edu/graduate

phone 888.882.1296 or 508.767.7387 fax 508.767.7030
e-mail graduate@assumption.edu

Assumption College
Graduate School Office
500 Salisbury Street
Worcester, MA 01609