

Graduate Studies at Fitchburg State University

Graduate education at Fitchburg State University will help you achieve your academic and career goals at an affordable cost and at locations convenient for you. The university offers on campus and online full- and part-time graduate degree programs, professional certificate programs, and lifelong learning opportunities in the most competitive professional and academic fields.

Fitchburg State's graduate programs are well-respected throughout the region and our alumni enjoy successful careers in a wide variety of professions. Our faculty are actively involved and accomplished in their respective fields and are committed to your success.

MASTER'S DEGREES

- Master of Arts in Biology, English Studies, and History
- Master of Arts in Teaching in Biology, English Studies, and History
- Master of Business Administration
- Master of Education in Arts Education, Curriculum and Teaching, Early Childhood Education, Educational Leadership and Management, Elementary Education, Middle School Education, Occupational Education, Science Education, and Special Education
- Master of Science in Applied Communication, Computer Science, Counseling, and Forensic Nursing

ADVANCED PROFESSIONAL DEGREES

Certificates of Advanced Graduate Study (CAGS) are designed for those with an appropriate master's degree who wish to attain greater competency:

- Educational Leadership and Management
- Interdisciplinary Studies

Graduate Level Certificate Programs are offered in a variety of professional concentrations and require bachelor's degrees—some require master's degrees or other certification/licensure prerequisites:

- Applied Communication Studies
- Behavior Analyst (Online/Hybrid only)
- Educational Technology
- Fine Arts Director
- Forensic Nursing (Online only)
- Not-for-Profit Management
- Reading Specialist (Online/Hybrid only)
- Post Baccalaureate Certificate for Initial Teacher Licensure

Admission

Admission to Fitchburg State University is competitive and reflects a high standard of academic excellence. In addition to having a bachelor's degree from a regionally accredited four-year institution, you must also meet the appropriate academic department criteria to be eligible for admissions consideration. Please refer to the relevant program descriptions in the Fitchburg State University Graduate Catalog (available online at www.fitchburgstate.edu/catalog).

To apply for admission to a graduate program, please submit all relevant items outlined in the Graduate Application Checklist. Please refer to any symbols listed next to the graduate programs in Section V of the application to determine if there are additional requirements for your specific program. Completed applications are reviewed on a rolling admission basis by the appropriate departmental committee which makes its recommendation to the Director of Admissions. You will be notified in writing of the final decision, on average two to four weeks after your application becomes complete. Applicants who are accepted to a program after the add/drop period (traditionally, two weeks after the start of the semester) will be offered admission for the subsequent semester.

International Applicants

In addition to the Graduate Application for Admission, international applicants must:

- Complete an International Application Supplement. You may download the supplement at www.fitchburgstate.edu/admissions/undergraduate/international or request one at intladmissions@fitchburgstate.edu.
- Complete their application by the following deadlines:
 - o Fall Semester: June 1
 - o Spring Semester: October 1

Applications received after the published deadline may be deferred a semester at the discretion of the Admissions Office if it is determined that we would not have enough time to review the application, make a decision, and process visa requests in a timely manner.

Students with Disabilities

Fitchburg State University is committed to making the academic experience for students with disabilities a positive one. If you are accepted to Fitchburg State University and need specific accommodations, you are required to submit written documentation from qualified professionals and/or evaluation sources to verify eligibility under section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act of 1990. Protection under this statute is based on documentation of a disability that substantially limits a major life activity.

If you would like further information, please refer to the Disability Services website at www.fitchburgstate.edu/disability or contact Disability Services directly—(978) 665-3427.

Application Mailing Address

The application and all supporting documents should be sent to:

Admissions Office, Fitchburg State University — 160 Pearl Street, Fitchburg, MA 01420

**ALL TRANSCRIPTS MUST BE OFFICIAL AND IN SEALED ENVELOPES,
SENT DIRECTLY FROM THE COLLEGE/UNIVERSITY TO THE ADMISSIONS OFFICE**

Graduate Application Checklist

- Graduate Application for Admission**
- Non-refundable application fee:** \$40 for all applicants. Do not send cash. Please print applicant's first and last name on the check or money order payable to Fitchburg State University.
- Official transcript from your baccalaureate degree granting college/university.** The transcript must indicate degree received and date of graduation. Applicants to the CAGS programs—with the exception of the Interdisciplinary Studies: Counseling/Psychology and Reading Specialist programs—must submit a transcript from the master's degree granting college/university.* For the Interdisciplinary Studies: Counseling/Psychology and the Reading Specialist programs, transcripts from both the bachelor's and master's degree granting college/university are required.
- Official transcripts from all colleges/universities** where you have taken graduate courses and/or received graduate degrees. Applicants to a CAGS program must submit an official transcript from the master's degree granting college/university listing the degree received and date of graduation.*
- Standardized Test Scores.** Many master's degree programs require the official results from one of the three following tests: the Graduate Management Admissions Test (GMAT), the Graduate Record Examination (GRE), or the Miller's Analogies Test (MAT).** Please refer to the list below to determine the appropriate test. **If tests are more than five years old, new test results will be required.**
 - **MBA** program: **GRE** or **GMAT** is required
 - **MA** or **MAT** in Biology, **MEd** in Science Education, and **MS** in Computer Science: **GRE** is required
 - **MA** or **MAT** in English Studies or History, **MEd** in Arts Education, Occupational Education, and the **MS** in Applied Communication, Counseling, and Forensic Nursing: **GRE** or **MAT** is required
 - **CAGS** programs, or those seeking a second master's degree, test scores are not required, **EXCEPT** for: **CAGS** in IDIS Counseling/Psychology*** and **MS** in Counseling programs: **GRE** or **MAT** is required.

The Fitchburg State University code for the **GRE is 3518**, for the **GMAT it is 3518**, and for the **MAT it is 1208**.

- Three letters of recommendation** from individuals under whom the applicant has studied or under whose supervision he/she has worked in a professional capacity. At least one letter of recommendation should speak to the applicant's academic abilities. Please use the *Letter of Recommendation* forms provided and ask the evaluator to submit the narrative portion of the recommendation on professional letterhead. All letters of recommendation must be mailed by the evaluator directly to the Admissions Office.
- A professional resume**
- Additional requirements may be needed** for your intended program. Please see **Section V: Intended Degree** list in this application. Additional requirements will be notated by a symbol after the program title.

* For the purposes of admission and transfer credit, only courses taken and degrees earned at regionally accredited institutions are recognized by Fitchburg State University. International degrees will be reviewed for equivalent standing through the official evaluation process.

** Standardized tests are not required for the MEd in Curriculum and Teaching, Early Childhood Education, Educational Leadership and Management, Elementary Education, Middle School Education and Special Education.

*** Test results for this program may be up to 10 years old.

Additional Requirements (Please refer to Section V of the Application)

● Personal statement

MEd Arts Education, MS Counseling, MS Forensic Nursing and Graduate Certificate Forensic Nursing:

Please describe your goals and reasons for applying to your chosen program (maximum 300 words.)

MS Forensic Nursing and Graduate Certificate Forensic Nursing: In addition to the above, please submit a second essay describing your specific interest, the type of work you would like to pursue in this field, and how you intend to pursue employment or volunteer work in this area (minimum 1200 words.)

CAGS in Educational Leadership and Management, CAGS in Interdisciplinary Studies: Reading Specialist, Master of Education (except MEd Arts Education), Master of Arts in Teaching, and Post Baccalaureate Certificate: Please complete an essay of no more than one page in response to one of the following statements or questions:

1. Tell us about a positive situation in which you helped a person and made a significant difference in that person's life.
2. What are the most important factors in establishing a long-term working relationship with students, friends, etc?
3. Tell us about a significant event that involved you in a teaching or helping role.
 - Describe the situation as it occurred at the time.
 - What did you do in that particular situation?
 - How did you feel about the situation at the time you were experiencing it?
 - How do you feel about the situation now?
 - What would you change, if anything?

■ Writing sample

This may include an undergraduate level term paper or published article and should be equivalent to at least 10 typed, double-spaced pages and include footnotes and a bibliography.

- ▲ Copy of current U.S. RN License and a written two-part essay
- ◆ Copy of standard certification or vocational teacher approval
- ❖ Copy of initial teaching license in major (for professional track only)
- ★ Copy of initial or professional teaching license
- ◀ Passing scores for the Communication and Literacy subtests of the MTEL
- ⌘ Passing scores for the Communication and Literacy subtests of the MTEL OR copy of initial teaching license
- ⌋ Successful completion of Fitchburg State University Nursing Portfolio Review for applicants who do not hold a BSN
- ⊗ A personal statement (maximum 300 words) that describes your goals and reasons for applying to the program and should include information about previous course work, training or work experiences related to the program. It should also specifically discuss the strengths you bring and the areas of competence you need to develop. One of the following must also apply: 1) Submit proof of Master's Degree from a fully regionally accredited institute of higher education; 2) Be matriculated in a Fitchburg State University master's degree program OR 3) Concurrently submit a full application to a Fitchburg State University master's degree program.

Additional requirement details can be found in the university graduate catalog at www.fitchburgstate.edu/catalog.

Application Mailing Address

The application and all supporting documents should be sent to:

Admissions Office, Fitchburg State University — 160 Pearl Street, Fitchburg, MA 01420

Complete this application form and mail it in the attached envelope, along with a check or money order payable to Fitchburg State University (\$40 for all applicants).

Please print in ink or type.

SECTION I: PERSONAL INFORMATION

 Last Name (legal name) First Name Middle Initial Maiden Name

 Mailing Address Street Address (if P.O. Box is given as mailing address)

 City State Zip Country

 Home Telephone Work Telephone Cell Telephone

 Email Address Social Security Number (for reporting purposes, optional)

Gender (for reporting purposes, optional) Male Female

Date of Birth (for reporting purposes, optional) Month: _____ Day: _____ Year: _____

Citizenship: I am a U.S. citizen
 I am a permanent resident (Please include a copy of your permanent resident card.)
 I am not a U.S. citizen or permanent resident. Country of citizenship: _____

If you are NOT a U.S. citizen or permanent resident: Are you currently in the United States? Yes No

If you are in the United States, what is your current visa status?

F1 F2 J1 J2 B1 B2 H1b H2 Other: _____

What visa status do you plan to hold while studying at Fitchburg State University? F1 J1 H1b H4

Other: _____

Please list all relatives (and their relation to you) who are Fitchburg State graduates: _____

Ethnicity/Race (for reporting purposes, optional): Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

American Indian/Alaskan Native Asian Black or African American Cape Verdean Native Hawaiian or Pacific Islander White

I learned about Fitchburg State University through the following source(s):

Alumnus/a Colleague College Fair Fitchburg State Recruiter College Guidebook
 Current Student Friend Internet Relative Radio/Newspaper Advertisement
 Professor/Counselor University website Online advertisement GCE Information Session Other: _____

SECTION II: ALL APPLICANTS

Have you applied for admission to Fitchburg State University previously (graduate or undergraduate)? Yes, (Semester/Year): _____ / No

Have you taken classes at or earned a degree from Fitchburg State University? Yes, Degree, if applicable: _____ / No

Planned Entrance: Fall (September) Spring (January) Summer (May) YEAR: 20_____

Are you pursuing your degree through an off-campus location in collaboration with one of our extended campus partners? Yes No

If yes, please indicate which one: Collaborative for Educational Services Brine Lowell Public Schools MAVA Teachers 21

Other: _____

See Extended Campus Partners listing on last page of application

List three academic or professional references. At least one must be an academic reference.

Name _____ Position: _____ Phone # _____

Name _____ Position: _____ Phone # _____

Name _____ Position: _____ Phone # _____

SECTION III: COLLEGE AND EMPLOYMENT HISTORY

Please list all colleges you are currently attending and/or have attended and degrees received (including Fitchburg State University).

Name of College/University	City and State	Degree/ Diploma Earned	Term/Year Studies Began	Term/Year Studies Completed

Employment

Current Employer: _____ Position: _____

City: _____ State: _____ Zip: _____ Country: _____

Work Phone: (_____) _____ May we contact you at work? Yes No

Applicants to Teacher Licensure Programs

Do you hold a license to teach in the Commonwealth of Massachusetts? Yes No

If yes, what type of license? (Please include a copy of your teaching license with your application.)

Preliminary license in: _____ Grade Levels: _____

Initial license in: _____ Grade Levels: _____

Professional license in: _____ Grade Levels: _____

Other (describe): _____ Grade Levels: _____

SECTION IV: TESTING INFORMATION

See the checklists for appropriate required tests for intended major. With the exception of the MTELS, if tests are more than five years old, new tests will be required.

I took or plan to take the following admission exams. (Please include a copy of your test results.)

Graduate Management Admissions Test (GMAT): Date (Month/Year): ____/____/____ Score: _____

Graduate Record Examination (GRE): Date (Month/Year): ____/____/____ Score: _____

Miller's Analogies Test (MAT): Date (Month/Year): ____/____/____ Score: _____

Test of English as a Foreign Language (TOEFL): Date (Month/Year): ____/____/____ Score: _____

International English Language Testing System (IELTS): Date (Month/Year): ____/____/____ Score: _____

Massachusetts Test for Educator License (MTEL)
Communication and Literacy Skills - Reading Date (Month/Year): ____/____/____ Score: _____

Massachusetts Test for Educator License (MTEL)
Communication and Literacy Skills - Writing Date (Month/Year): ____/____/____ Score: _____

Massachusetts Test for Educator License (MTEL)
Subject Test(s): _____ Date (Month/Year): ____/____/____ Score: _____

SECTION V: INTENDED DEGREE Please select ONE program only.

Certificate of Advanced Graduate Study (CAGS)

Educational Leadership and Management

- School Principal PreK-6 (Initial Licensure) ● ★ ◀◀
- School Principal 5-8 (Initial Licensure) ● ★ ◀◀
- School Principal 9-12 (Initial Licensure) ● ★ ◀◀
- Supervisor/Director (Initial Licensure) All levels ● ★ ◀◀
- Non-Licensure ● ★

Interdisciplinary Studies

- Applied Communication
- Counseling/Psychology
- Individualized Concentration
- Reading Specialist (Initial Licensure)—ONLINE/HYBRID ONLY ● ★ ◀◀

Master of Arts

- Biology
- English Studies
- English Studies: Gender Studies
- History ■

Master of Arts in Teaching

- Biology (Initial Licensure) ● ✎
- Biology (Professional Licensure) ● ✧
- English Studies (Professional Licensure) ● ✧
- English Studies (Non-Licensure) ● ✧
- History (Professional Licensure) ● ✧
- History (Non-Licensure) ●

Master of Business Administration

- Accounting
- Human Resources Management
- Human Resources Management—ONLINE
- Management
- Management—ONLINE

Graduate Level Certificate Programs

- Applied Communication Studies
- Behavior Analyst—ONLINE/HYBRID ONLY 🔄
- Educational Technology
- Fine Arts Director
- Forensic Nursing—ONLINE ONLY ● ▲
- Not-for-Profit Management
- Not-for-Profit Management: Leadership in Public Administration and Government
- Reading Specialist (Initial Licensure) All levels—ONLINE/HYBRID ONLY ★ ◀◀

Post-Baccalaureate Certificates for Initial Teaching Licensure

- Biology (8-12) ● ◀◀
- English Studies (8-12) ● ◀◀
- Math (8-12) ● ◀◀
- Technology/Engineering Education (5-12) ● ◀◀

Master of Education

- Arts Education (Non-Licensure) ●
- Curriculum and Teaching (Non-Licensure) ●

Early Childhood Education

- PreK-2 (Initial Licensure) ● ✎
- Professional Licensure ● ★

Educational Leadership and Management

- Non-Licensure ● ★
- Supervisor/Director (Initial Licensure) All levels ● ★ ◀◀
- School Principal PreK-6 (Initial Licensure) ● ★ ◀◀
- School Principal 5-8 (Initial Licensure) ● ★ ◀◀
- School Principal 9-12 (Initial Licensure) ● ★ ◀◀

Elementary Education

- 1-6 (Initial Licensure) ● ✎
- Professional Licensure ● ★

Middle School Education

- 5-8: Math/Science (Initial Licensure) ● ✎
- 5-8: Humanities (Initial Licensure) ● ✎
- Math/Science (Professional Licensure) ● ★
- Humanities (Professional Licensure) ● ★

- Occupational Education (Non-Licensure) ● ◆

Science Education

- Professional Licensure ● ✧

Special Education—ALL ONLINE/HYBRID ONLY

- Guided Studies (Moderate Disabilities Professional Licensure) ● ✧
- Guided Studies (Severe Disabilities Professional Licensure) ● ✧
- Guided Studies, Individualized Concentration (Non-Licensure) ●
- Guided Studies, Individualized Concentration, Dyslexia Specialist (Non-Licensure) ●
- Reading Specialist (Initial Licensure) All levels ● ★ ◀◀
- Reading Specialist (Non-Licensure) ● ★
- Teacher of Students with Moderate Disabilities PreK-8 (Initial Licensure) ● ✎
- Teacher of Students with Moderate Disabilities 5-12 (Initial Licensure) ● ✎
- Teacher of Students with Severe Disabilities (Initial Licensure) All levels ● ✎

Master of Science

Applied Communication

- Applied Communication Studies
- Health Communication
- Technical and Professional Writing

- Computer Science

Counseling

- Mental Health Counseling ●
- School Guidance Counseling: PreK-8 (Initial Licensure) ● ✎
- School Guidance Counseling: 5-12 (Initial Licensure) ● ✎

- Forensic Nursing—ONLINE ONLY ● ▲ 🔄

See Graduate Application Checklist page for the key to symbols for additional requirements.

SECTION VI: DISCLOSURES

Have you been placed on probation, suspension or dismissal from a graduate program? Yes No

Have you been convicted of a felony? Yes No

If you answered yes to either question, you must provide a written explanation of the circumstances.

If you have been placed on probation, suspension, or dismissal from a graduate program, you must provide a letter of explanation from the dean of your previous college.

SECTION VII: SIGNATURE

I understand that information about applicants furnished to Fitchburg State University will be kept confidential and will be released only to public higher education system personnel authorized by the Massachusetts Department of Higher Education. I hereby certify that the information furnished on the application form is complete and accurate.

Applicant's Signature

Date

EXTENDED CAMPUS PARTNERS

Adult and Community Education of Martha's Vineyard

35 Greenwood Avenue
Vineyard Haven, MA 02568
www.acemv.org

(508) 693-9222
info@acemv.org

M.Ed. Curriculum and Teaching

Catherine Leahy-Brine Educational Consultants

P.O. Box 1060
Brockton, MA 02303
www.catherineleahybrine.com

(781) 331-8826
cfbrineinc@aol.com

M.Ed. Curriculum and Teaching
M.Ed. Educational Leadership and Management
CAGS Educational Leadership and Management
M.Ed. Special Education: Reading Specialist
CAGS Interdisciplinary Studies: Reading Specialist

Collaborative for Educational Services (CES)

97 Hawley Street
Northampton, MA 01060
www.teachinmass.org

(413) 586-4900
licensure@collaborative.org

M.Ed. Curriculum and Teaching
CAGS Interdisciplinary Studies: Individualized Concentration

Lowell Public Schools

155 Merrimack Street
Lowell, MA 01852
www.lowell.k12.ma.us

(978) 446-7407
koconnor@lowell.k12.ma.us

M.Ed. Curriculum and Teaching

Massachusetts Association of Vocational Administrators (MAVA)

Robert Packard
c/o Joseph P. Keefe Tech. School
750 Winter Street, Framingham, MA 01702
www.mava.us

(508) 879-5400 x277
rpackard@jpkkefeh.org

M.Ed. Curriculum and Teaching
M.Ed. Occupational Education

Teachers 21

Jennifer Antonucci
Suite 220, 34 Washington St.
Wellesley, MA 02481
www.teachers21.org

(781) 416-0980
info@teachers21.org

M.Ed. Curriculum and Teaching

This list of Extended Campus Partners and programs is subject to change.

Transfer credits will not be reviewed without official transcripts on file. Requests for transfer credit must be submitted with your application for admission. The university accepts a maximum of 6 semester hours in transfer credits from regionally accredited institutions with the approval of the Graduate Program Chair. Transferred courses are only valid if taken within six years of your anticipated date of graduation.

Applicant's Last Name (legal name) First Name Middle Initial Maiden Name

Mailing Address: (P.O. Box, RFD, Street) City State/Province Zip Code Country (If other than USA)

Home Telephone Number Work Telephone Number

Social Security Number Expected Year of Graduation Email Address

I request the following course(s) be transferred into the program to which I am applying. I understand that the course(s) must be from a regionally accredited institution, taken for graduate credit, that I must have received a grade of "B" (3.0) or better, and that the course(s) must not have been used to fulfill requirements for another degree.

NOTE: The university accepts a maximum of 6 semester hours in transfer credits from regionally accredited institutions.

Send official transcripts to: Admissions Office, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420

Courses From Other Institutions

Institution	Course Number	Course Title	# of Credits	Semester/Year Taken	Program Chair Use ONLY	
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	FSU equivalent
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	FSU equivalent
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	FSU equivalent

Twelve semester hours of Fitchburg State University credit taken within a year prior to the student's admission may be applied to the degree program with the approval of the Program Chairperson. No more than six semester hours of course work at the 6000 level may be applied toward a degree program.

Fitchburg State University Courses

Institution	Course Number	Course Title	Credits 12 max.	Semester/Year Taken	Program Chair Use ONLY	
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitchburg State University					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitchburg State University					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitchburg State University					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitchburg State University					<input type="checkbox"/> App. <input type="checkbox"/> Not App.	Used as elective <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature Date

Graduate Program Chair Signature Date

Dean's Signature Date

APPLICANT'S SECTION

This part is to be completed by the applicant prior to giving the form to the evaluator.

Last Name (legal name)	First Name	Middle Initial	Last 4 digits of Social Security Number
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Home Street Address	City	State	Zip	Country
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Intended Graduate Program of Study: _____

Waiver Selection and Signature:

- I waive the right provided by the Family Education Rights and Privacy Act of 1974 to view this letter of recommendation.
 I do not wish to waive this right. I wish to retain the right to view this letter of recommendation.

Applicant's Signature: _____ Date: _____

EVALUATOR'S SECTION

The person whose name appears above is applying to a graduate program at Fitchburg State University. We would appreciate your candid appraisal of this applicant relative to admission. The actual signed letter of recommendation that accompanies this form must be submitted on professional letterhead.

As required by the Family Education Rights and Privacy Act of 1974, a student may elect to waive the privilege of viewing this recommendation form. If the student has not waived this right in the section above, you should consider this form to be non-confidential.

Name of Person Making the Evaluation	Last	First	Middle
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Organization/Institution _____ Relationship to Applicant (check one): Current/Former Employer Current/Former Instructor

Position/Title	Phone Number
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Business Address	City	State	Zip
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Evaluator's Signature _____

1. How long and in what capacity have you known this applicant?

2. Evaluate this applicant by checking (✓) the scales below, relative to other people you have known in a similar capacity.

	Excellent (Top 10%)	Above Average	Average	Below Average	No Opportunity to Evaluate
Intellectual Ability (General Thinking Skills)					
Discipline-Specific Knowledge					
Interpersonal Skills					
Effectiveness in Written Communication					
Effectiveness in Oral Communication					
Leadership Ability					
Ethical Integrity					
Motivation/Initiative					
Promise as a Graduate Student					

3. Narrative: Describe this applicant in terms of: strengths and areas needing development; potential to achieve in graduate studies; special qualities or experiences that lend support to this applicant's acceptance into this graduate program.

PLEASE ATTACH TO THIS FORM A SIGNED WRITTEN NARRATIVE PRINTED ON PROFESSIONAL LETTERHEAD.

**Thank you for completing the recommendation on behalf of the student. Please return form and written statement to:
Admissions Office, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420**

APPLICANT'S SECTION

This part is to be completed by the applicant prior to giving the form to the evaluator.

Last Name (legal name) First Name Middle Initial Last 4 digits of Social Security Number

Home Street Address City State Zip Country

Intended Graduate Program of Study:

Waiver Selection and Signature:

- I waive the right provided by the Family Education Rights and Privacy Act of 1974 to view this letter of recommendation.
- I do not wish to waive this right. I wish to retain the right to view this letter of recommendation.

Applicant's Signature: _____ Date: _____

EVALUATOR'S SECTION

The person whose name appears above is applying to a graduate program at Fitchburg State University. We would appreciate your candid appraisal of this applicant relative to admission. The actual signed letter of recommendation that accompanies this form must be submitted on professional letterhead.

As required by the Family Education Rights and Privacy Act of 1974, a student may elect to waive the privilege of viewing this recommendation form. If the student has not waived this right in the section above, you should consider this form to be non-confidential.

Name of Person Making the Evaluation Last First Middle

Organization/Institution Relationship to Applicant (check one): Current/Former Employer Current/Former Instructor

Position/Title Phone Number

Business Address City State Zip

Evaluator's Signature

1. How long and in what capacity have you known this applicant?

2. Evaluate this applicant by checking (✓) the scales below, relative to other people you have known in a similar capacity.

	Excellent (Top 10%)	Above Average	Average	Below Average	No Opportunity to Evaluate
Intellectual Ability (General Thinking Skills)					
Discipline-Specific Knowledge					
Interpersonal Skills					
Effectiveness in Written Communication					
Effectiveness in Oral Communication					
Leadership Ability					
Ethical Integrity					
Motivation/Initiative					
Promise as a Graduate Student					

3. Narrative: Describe this applicant in terms of: strengths and areas needing development; potential to achieve in graduate studies; special qualities or experiences that lend support to this applicant's acceptance into this graduate program.

PLEASE ATTACH TO THIS FORM A SIGNED WRITTEN NARRATIVE PRINTED ON PROFESSIONAL LETTERHEAD.

**Thank you for completing the recommendation on behalf of the student. Please return form and written statement to:
Admissions Office, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420**

APPLICANT'S SECTION

This part is to be completed by the applicant prior to giving the form to the evaluator.

Last Name (legal name) First Name Middle Initial Last 4 digits of Social Security Number

Home Street Address City State Zip Country

Intended Graduate Program of Study:

Waiver Selection and Signature:

- I waive the right provided by the Family Education Rights and Privacy Act of 1974 to view this letter of recommendation.
- I do not wish to waive this right. I wish to retain the right to view this letter of recommendation.

Applicant's Signature: _____ Date: _____

EVALUATOR'S SECTION

The person whose name appears above is applying to a graduate program at Fitchburg State University. We would appreciate your candid appraisal of this applicant relative to admission. The actual signed letter of recommendation that accompanies this form must be submitted on professional letterhead.

As required by the Family Education Rights and Privacy Act of 1974, a student may elect to waive the privilege of viewing this recommendation form. If the student has not waived this right in the section above, you should consider this form to be non-confidential.

Name of Person Making the Evaluation Last First Middle

Organization/Institution Relationship to Applicant (check one): Current/Former Employer Current/Former Instructor

Position/Title Phone Number

Business Address City State Zip

Evaluator's Signature

1. How long and in what capacity have you known this applicant?

2. Evaluate this applicant by checking (✓) the scales below, relative to other people you have known in a similar capacity.

	Excellent (Top 10%)	Above Average	Average	Below Average	No Opportunity to Evaluate
Intellectual Ability (General Thinking Skills)					
Discipline-Specific Knowledge					
Interpersonal Skills					
Effectiveness in Written Communication					
Effectiveness in Oral Communication					
Leadership Ability					
Ethical Integrity					
Motivation/Initiative					
Promise as a Graduate Student					

3. Narrative: Describe this applicant in terms of: strengths and areas needing development; potential to achieve in graduate studies; special qualities or experiences that lend support to this applicant's acceptance into this graduate program.

PLEASE ATTACH TO THIS FORM A SIGNED WRITTEN NARRATIVE PRINTED ON PROFESSIONAL LETTERHEAD.

**Thank you for completing the recommendation on behalf of the student. Please return form and written statement to:
Admissions Office, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420**