

# FITCHBURG STATE UNIVERSITY

## APPLICATION FOR GRADUATE ADMISSION

Please mail your completed application form with a \$25.00 application fee; \$50.00 for international students. Make check (with applicant's full name and social security number printed on check) payable to Fitchburg State University.

**ALL APPLICATION MATERIALS ARE MAILED TO:  
C.F.BRINE, P.O. BOX 1060, BROCKTON, MA 02303**

1. \_\_\_\_\_  
Last Name (legal name)      First Name      Middle Initial      Maiden Name

2. \_\_\_\_\_  
Mailing Address (P.O. Box, RFD, Street)

\_\_\_\_\_

City

State

Zip

Country

3. (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Telephone:      Work or Cell Telephone:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Email Address      FAX

4. Sex (optional):  Male  Female

5. Date of Birth (optional): Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

6. Social Security Number: --

7. Citizenship:

I am a U.S. citizen

I am not a U.S. citizen or permanent resident. (Country of citizenship: \_\_\_\_\_)

I am a permanent resident (Enclose a copy of permanent resident card.)

8. Ethnic Origin (optional):

Asian

Cape Verdean  Native American/Alaskan Native

White, Non-Hispanic

African American  Hispanic

Native Hawaiian/Pacific Islander

Other: \_\_\_\_\_

9. If you are NO NOT a U.S. citizen or permanent resident, what is your current visa classification?

(Attach a copy of your visa I-94 and passport to this application.)

F1

F2

J1

J2

B1

B2

Other: \_\_\_\_\_

10. Have you previously attended Fitchburg State University?

Yes \_\_\_\_\_ / \_\_\_\_\_  No  
Semester      Year

11. Expected Entrance:

September (Fall)

January (Spring)

YEAR: 20\_\_\_\_\_



FITCHBURG STATE UNIVERSITY

19. \_\_\_\_\_

Current Employer	Position		
_____	_____	_____	_____
City	State/Province	Zip Code	Country
_____		_____	
Telephone Number	E-mail Address:		

20. List three references: \*

_____	_____
Name	Position
_____	
Address	
_____	
_____	_____
Name	Position
_____	
Address	
_____	
_____	_____
Name	Position
_____	
Address	

Recommendation forms are at end of this application and should be mailed to C.F. Brine, P.O. Box 1060, Brockton, MA 02303

**STUDENTS WITH DISABILITIES:**

Fitchburg State University is committed to making the academic experience for students with disabilities a positive one. In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, Disability Services has been established in Rooms 305 and 306 of the Hammond Building. Questions, concerns, and requests for information regarding federal laws and college procedures may be forwarded to the Disability Services Coordinator.

All documentation including this application should be marked "Confidential" and submitted with other admissions credentials to: Coordinator of Disability Services, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420-2697; Voice: (978) 665-3427; TTT: (978) 665-3575.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send all materials to: **C.F. BRINE, DIRECTOR  
P.O. BOX 1060  
BROCKTON, MA 02303**

# FITCHBURG STATE UNIVERSITY

## GRADUATE ADMISSION LETTER OF RECOMMENDATION

**Make 3 copies of the 2-page Letter of Recommendation form – one for each person listed in item #20 of the Application.**

This part is to be complete by the applicant prior to submission of the recommendation.

Name of Applicant:

\_\_\_\_\_

LastFirstMiddleU.S. Social Security

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Intended Graduate Program of Study: \_\_\_\_\_

Waiver Section (Check one of the following statements.)

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.

**TO THE PERSON MAKING THE EVALUATION:**

The person whose name appears above has made application to the Fitchburg State University Graduate School. We would appreciate your candid appraisal of this applicant relative to admission by completing this form. Feel free to attach a letter or additional pages on your letterhead.

As required by the Family Educational 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.

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

\_\_\_\_\_

\_\_\_\_\_

2. Evaluate this applicant by checking (v) the scales below, relative to others whom 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					

**ALL APPLICATION MATERIALS ARE MAILED TO:  
C.F. BRINE, P.O. BOX 1060, BROCKTON, MA 02303**

FITCHBURG STATE UNIVERSITY

GRADUATE ADMISSION LETTER OF RECOMMENDATION

Make 3 copies of the 2-page Letter of Recommendation form - one for each person listed in item #20 of the Application.

3. 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. (Attach additional pages as necessary.)

Lined area for writing the recommendation letter.

Name of Person Making the Evaluation:

Last First Middle

Signature

Position / Title

Organization / Institution

Business Address Telephone

Please mail completed form to: C.F. BRINE, P.O. BOX 1060, BROCKTON, MA 02303