

SPRINGFIELD COLLEGE APPLICATION FOR ADMISSION TO GRADUATE STUDY



Springfield College, Office of Graduate Admissions, 263 Alden Street, Springfield, MA 01109-3797

To the Applicant: Please type or print all information. Return your signed application along with a check in the amount of \$50 made payable to Springfield College. This application can be completed online at springfield.edu/gradadmissions.

1. Name: _____ **Date:** _____

1a. Previous names used: _____

2. Home Address: _____
Street City/Town State ZIP Code

Telephone: () _____ () _____
Home Cell
() _____
Fax Email

Present Address (to which correspondence is to be sent):

Street City/Town State ZIP Code

3. U.S. Citizen: Yes No **Permanent Resident:** Yes No **Social Security Number:** _____

If not a U.S. citizen, please indicate country of present citizenship: _____

4. Are you a veteran? Yes No

5. Gender: Male Female Please indicate any other last names used: _____

6. Date of Birth: _____

7. Ethnic Background Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following questions:

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 or Alaska Native
- Black or African-American
- White
- Asian
- Native Hawaiian or Pacific Islander

8. Would you like to live in college-owned housing? Yes No **Do you intend to apply for financial aid?** Yes No

9. What most influenced your application? Please check only one.

- Alumnus
- Counselor/Faculty Advisor
- Graduate School Publication
- S-Cubed/Working Teachers Program
- Current Student
- Campus Visit
- Reputation of Program
- Other _____

10. Intended Date of Entry: _____

11. Please indicate your choice of degree, academic area of study, and, if appropriate, your intended program/concentration:

MASTER'S DEGREE PROGRAMS

- Art Therapy/Counseling
- Business Administration
- Education
 - Educational Studies
 - Early Childhood Education
 - Elementary Education
 - Secondary Education
 - Special Education
- Exercise Science and Sport Studies
 - Athletic Training
 - Clinical Exercise Physiology
 - Exercise Physiology
 - Sport and Exercise Psychology
 - Strength and Conditioning
- Physical Education
 - Adapted Physical Education
 - Advanced-Level Coaching
 - Athletic Administration
 - Health Promotion and Disease Prevention
 - PE Teacher-Initial Licensure
 - PE Teacher-Advanced Pedagogy/Professional Licensure
- Physician Assistant
- Psychology and Counseling
 - Athletic Counseling
 - Clinical Mental Health Counseling
 - General Counseling
- Industrial/Organizational
 - School Counseling and Guidance
 - Student Personnel Administration
- Rehabilitation Counseling and Services
 - General Counseling and Case Management
 - Pediatric and Developmental Disability Counseling
 - Psychiatric Rehabilitation and Substance Abuse Counseling
- Social Work
 - Weekday MSW
 - Weekend MSW, Springfield
 - Weekend MSW, Worcester
 - Dual MSW/JD
 - BS/MSW
 - Advanced Standing Weekday
 - Advanced Standing Weekend
- Sport Management and Recreation
 - Recreation Management
 - Sport Management
 - Therapeutic Recreation Management (with Child-Life Specialist Option)

CERTIFICATE OF ADVANCED GRADUATE STUDY

- Art Therapy
- Education
- Physical Education
- Psychology and Counseling

DOCTOR OF PHILOSOPHY IN PHYSICAL EDUCATION

- Exercise Physiology
- Sport and Exercise Psychology
- Teaching and Administration

DOCTOR OF PSYCHOLOGY (WITH OPTIONAL SPECIALIZATION):

- Athletic Counseling

12. Undergraduate College or University: _____
Graduation Date: _____ Major Field: _____ Degree: _____

13. Graduate College or University: _____
Graduation Date: _____ Major Field: _____ Degree: _____

14. Please list all other collegiate institutions attended and dates of attendance:

College	Date	College	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. REFERENCES: Please provide references from three people who can comment on your interest in graduate study at Springfield College and your ability, potential, and readiness for the graduate program you have selected. We suggest you seek references from faculty members, advisors, internship supervisors, current or past employers, colleagues, or alumni of Springfield College. Physician assistant candidates must include a healthcare experience supervisor. Applicants to the School of Social Work must include three academic or professional references. Academic references include faculty, advisors, and/or internship supervisors. Professional references include present or past supervisors from a paid or volunteer experience. All references must address the applicant's ability, potential, and readiness for graduate education and professional social work. (**Note:** If you are currently enrolled in a master's degree or certificate of advanced graduate study program at Springfield College, only two references from faculty with whom you took classes at Springfield College will be needed.)

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____

16. Please attach a **resumé** so that we might know of any college activities, out-of-school leadership opportunities, work experience, and community involvement that support your interest in or qualifications for graduate school. Physician assistant candidates are asked to include all health-related experience and hours of service.

17. Please submit an essay that outlines your understanding of your future commitment to becoming a professional in your desired field of choice. This essay must include the following components:

1. Your understanding of the value of the profession that you would like to enter;
2. Your experiences within this profession;
3. Why you have chosen Springfield College; and
4. How a degree from Springfield College will better prepare you as a professional in this field.

In addition, the conclusion of your essay must include a summary statement of your professional aspirations within this profession, what you hope to contribute, your intended achievements, and how you will support and increase the value of this profession. *Please note that the programs in Business Administration, Social Work, and Sport Management require department-specific essays. Please refer to the application instructions on our website for details.*

18. Springfield College is committed to maintaining a safe environment for all members of the College community. As part of this commitment, the College requires applicants for admission to one of its programs of study who have been convicted of a felony or who have engaged in behavior that resulted in injury to any person or personal property or who have a history of formal disciplinary action at any college or university in which they were previously enrolled to disclose this information as a mandatory step in the admissions process. A previous conviction or previous misconduct does not automatically bar admission to the College, but does require review. With this in mind, please answer the following questions:

1. Have you ever been expelled, suspended, disciplined, or placed on probation by any secondary school, college, or university you have attended? Yes No
2. Have you ever been convicted of a criminal offense (including in juvenile court) other than a minor traffic violation or are there criminal charges pending against you at this time? Yes No

If you answered "yes" to either of these questions, please submit a letter of explanation. Also, if circumstances arise in the future that make your answers to the above questions inaccurate, misleading or incomplete, you must provide the Office of Admissions with updated information.

19. Statement of Understanding:

I hereby give permission to Springfield College to use, in publications, press releases, and other promotions, my name and any photograph or video footage in which I may appear.

I understand that falsification of any information on this application and its credentials will make me ineligible for admission or subject to later separation if enrollment is affected.

Signature: _____ Date: _____

This application is incomplete unless signed. Please return your completed application and a \$50 application fee to:

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