



# THE GRADUATE SCHOOL

[www.salemstate.edu/graduate](http://www.salemstate.edu/graduate)

352 Lafayette Street, Salem, MA 01970-5353

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## Certificate in School Adjustment Counseling Application for Admission

For Office Use ONLY - Student ID#

### SUBMIT THIS APPLICATION FORM TO THE GRADUATE SCHOOL WITH THE FOLLOWING:

- A \$35.00 non-refundable application fee made out to Salem State College – check or money order.
- A complete, official transcript documenting the award of a bachelor’s degree.
- A complete, official transcript documenting the award of a master’s degree in School Counseling, Mental Health Counseling or Marriage and Family Therapy.
- Applicants must submit three **Reference for Graduate Admission** forms (attached to application packet or available in the Graduate School or at [www.salemstate.edu/graduate](http://www.salemstate.edu/graduate)). These letters must attest to and give supporting evidence of the candidate’s fitness for working with children in schools. Two of the letters must be from:
  - a) the Program Director of the student’s previous graduate program, or
  - b) from a major professor within that program, or
  - c) professional reference from a current supervisor, coworker, etc.
 References may attach a letter, but must also return the provided form.
- All students for whom English is not a first language must submit scores from the Test of English as a Foreign Language (TOEFL).
- A 500- to 1,000-word, double-spaced statement of purpose addressing the following questions:
 

What factors in your personal and professional history have influenced you in the past and now lead you to seek admission to this program at Salem State College?

What are your long-term professional goals, and how will this program help you to meet them?

Is there any other information that you think would help the admissions committee to evaluate your application?
- Submit evidence of a passing score on the Communication and Literacy portion of the Massachusetts Test for Educator Licensure (MTEL). Information on this test is available in the Graduate School.

The Commonwealth of Massachusetts may change licensure requirements. Students are advised to contact the Commonwealth for specific, current licensure requirements at [www.doe.mass.edu](http://www.doe.mass.edu). Please check requirements of the individual program in which you are interested; some may require passing scores on the Massachusetts Tests for Educator Licensure (MTEL).

**Application files will be reviewed as soon as they are complete.**

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Local Address: \_\_\_\_\_  
No./Street City/Town State/Province Postal Code

Home Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Male:  Female:  Maiden Name or Other Name, if any: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country and Address of Permanent Residency: \_\_\_\_\_

Are you a:  U.S. Citizen  Permanent U.S. Resident  Other Non Immigrant

Resident Number: \_\_\_\_\_  F-1  F-2  J-1  J-2  Other

Check below the category that most closely describes your ethnic/racial recognition in the community (optional)

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Pacific Islander (Micronesian or Polynesian) |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White, not of Hispanic origin                |
| <input type="checkbox"/> Black, not Hispanic origin        | <input type="checkbox"/> Hispanic                                     |

When do you plan to begin graduate study: \_\_\_\_\_

Number of graduate credits already earned at Salem State College, if any (Be sure to include previous master's degree if earned at Salem State College and any post-master's credits.):

Previous master's: \_\_\_\_\_

Post-master's: \_\_\_\_\_

**Previous Study (Undergraduate and Graduate):**

Name of Institution	Location	Dates of Attendance	Degree/Diploma	Year Received
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Grade Point Average (undergraduate studies): \_\_\_\_\_ Grade Point Average (graduate studies): \_\_\_\_\_

Honors or other special recognition of high scholarship/professional excellence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is English your first language:  Yes  No Primary language used in the home: \_\_\_\_\_

Languages other than English in which you are fluent: \_\_\_\_\_

Applicants for whom English is a second language: Date you have taken or will take the TOEFL: \_\_\_\_\_

TOEFL score: \_\_\_\_\_

**For international students only:** I have completed a Certificate of Finance form:  Yes  No

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