



THE GRADUATE SCHOOL

www.salemstate.edu/graduate

352 Lafayette Street, Salem, MA 01970-5353

978.542.6323

email: graduate@salemstate.edu

Certificate in School 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), including:
 - Educational reference from an instructor, administrator, etc.
 - Professional reference from a current supervisor, coworker, etc.
 - Educational reference from the Program Director of your previous MEd, MS or MA stating in part that your previous program would recommend you.

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?

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. 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: _____

Previous Study:

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

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 _____