



Graduate and Continuing Education
100 State Street, P.O. Box 9101
Framingham, MA 01701-9101

Tel: 508.626.4550 Fax: 508.626.4030
dgce@framingham.edu
www.framingham.edu

Graduate Certificate Program

Application for Admission

Please check the appropriate certificate:

- Human Resource Management
Instructional Technology Proficiency (offered online)
Merchandising
Nutrition Education (online)
Nursing Education
Post Baccalaureate Certificate in Business Administration
Post Baccalaureate Pre-Health Studies Certificate Program

- STEM Education
The Teaching of English as a Second Language

Instructions:

- 1. Complete and sign the application.
2. Enclose application fee of \$50.
3. Submit official transcript(s)

- in sealed envelopes showing degrees awarded and date(s).
4. All credentials should be forwarded to:

Graduate and Continuing Education
Graduate Certificate Programs
Framingham State University
100 State Street, P.O. Box 9101
Framingham, MA 01701-9101

A. Personal Information

Anticipated Term of Entry: Fall Spring Summer

Please Type or Print

Social Security Number (or FSC ID): Date of Birth: Month Day Year

Legal Name: Last name/Surname First name Middle name

Other name(s) under which records may appear: Last name/Surname First name

Have you ever been convicted of a felony? Yes No If yes, please explain:

Mailing address: Number and Street

City State Zip Code Country, if foreign

Telephone number: Area code + number

E-mail address:

Birthplace: City State or province Country, if foreign

Ethnic/Racial Background

- 1. Are you Hispanic/Latino? Yes No
2. What is your racial background? (Choose all that apply)
American Indian/Alaskan Native Cape Verdean
Asian Native Hawaiian/Other Pacific Islander
Black/African American White

Citizenship (required)

- United States
Permanent Resident
Foreign (Country):
Other (specify):

## B. Education

Graduate certificate students must have completed a bachelor's degree.

List all colleges, universities, graduate, and professional schools attended, including institutions where you have taken summer or evening courses, regardless of whether courses were completed or credit was received. Please submit official transcripts of all undergraduate and graduate work.

Name of School	Location (City and State)	Degree	Date of Graduation
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1. \_\_\_\_\_

2. \_\_\_\_\_

## Transfer Course

Those wishing to transfer one graduate course from another institution must submit an official transcript showing name of course and grade received for consideration.

Name of School	Name of Course	Grade	Date
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## C. Employment Information

Employer	Position	Dates
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1. \_\_\_\_\_

2. \_\_\_\_\_

## D. Statement of Purpose

Each candidate must submit a statement describing his or her goals including the specific context within which the Certificate, once awarded, will be applied (300 words; 600-1,000 words for the Post-Baccalaureate Pre-Health Studies Certificate Program). Please submit as a separate document.

## General Information

### ACADEMIC ADVISING

Academic Advisors are available during the evening to assist you in making decisions. Please call 508-626-4550 to schedule an appointment.

### ADMISSION TIMETABLE

Applications are reviewed throughout the year. No application will be reviewed unless it is complete. Most students can begin in a fall, spring, or summer semester.

## Application Checklist

- Signed application form
- Application fee - \$50.00
- Statement of Purpose
- Official transcript(s) in sealed envelopes
- [Letter\(s\) of recommendation](#) (as it applies to the program of study)
- Students applying to the Graduate Certificate in Nursing Education must provide a copy of their current nursing license.

Rev 12/11

### SIGNATURE: All applications must be signed.

The University reserves the right to withdraw without notice any application which is not complete. All materials submitted become the property of the University. By my signature, I certify that the information I have provided about my academic and personal history and residency is accurate and complete. Failure to disclose any required information may result in denial of admission or retroactive administrative withdrawal from the University without refund or course credits.

I understand that information about applicants that is furnished to Framingham State University will be kept confidential and will only be released to public higher education system personnel and secondary school officials authorized to receive this information or to educational agencies and institutions for research purposes.

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

\_\_\_\_\_  
Date

### NOTICE TO STUDENTS:

This bulletin/application is a guide for information and not a contract. The University reserves the right to change requirements for degrees, prerequisites, scheduling and all other information provided. The financial requirements of the University, legislative action and/or other circumstances may require adjustments to tuition and/or fees. The University reserves the right to make adjustments in these charges. Students acknowledge this reservation by submitting application for admission and/or by registering for classes.

### NONDISCRIMINATION POLICY:

Framingham State University prohibits discrimination in education and employment on the basis of race, color, sexual orientation, religion, creed, disability, veteran status, age, national origin or marital status. The University is committed to providing fair treatment and equal opportunity in all aspects of the recruitment and admission of students through its policies and programs and as required by Federal and State laws and regulations. Inquiries regarding the application of these policies, laws and regulations may be referred to the Office of Affirmative Action/ADA Coordinator, Framingham State University, 100 State Street, P.O. Box 9101, Framingham, MA 01701-9101, or to the Office of the Assistant Secretary for Civil Rights, United States Department of Education, Washington, D.C.