



# APPLICATION FOR ADMISSION

Degree Completion Program

Intended Term Beginning Fall ____ Year ____	Location Applying to: <input type="checkbox"/> HCC <input type="checkbox"/> STCC <input type="checkbox"/> BCC <input type="checkbox"/> MWCC <input type="checkbox"/> QCC
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How did you hear about the Elms Off-Campus degree completion program? \_\_\_\_\_

## PERSONAL INFORMATION

Legal Name \_\_\_\_\_  
*Last First Middle Maiden / Other*

Address \_\_\_\_\_  
*Street or P.O. Box # City State Zip or Postal Code Country*

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Social Security Number \_\_\_\_\_  
*Month Day Year* Are you a U.S. citizen?  Yes  No

What is the best way to contact you?  email  text message  phone call  mail

By checking this box I agree that I have read and understand the following statement. Section 6109 of the Internal Revenue Code requires you to give Elms College your social security number (SSN) or taxpayer identification number (TIN) to allow Elms College to file certain information with the IRS. You have the right to refuse to provide this information; however, failure to furnish your SSN or TIN to Elms College may subject you to penalty by the IRS.

## EMERGENCY CONTACT INFORMATION

Please Provide Information for One of the Following (Check One)  Spouse  Partner  Parent  Other

Ms./Mr. \_\_\_\_\_  
*(Circle One) Last Name/Family Name First Name Middle*

Address \_\_\_\_\_  
*Street or P.O. Box # City State Zip or Postal Code Country*

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## CURRENT EMPLOYMENT

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
*Street or P.O. Box # City State Zip or Postal Code*

## EDUCATIONAL INFORMATION

Academic Program of interest:  Social Work  Accounting  Business Management and Marketing  Healthcare Management  Psychology  RN-BS\*

### High School/GED (If you have not completed 24 college credits)

Name of Institution	Location	Dates (From/To)	Year of Graduation
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### Colleges (List All Colleges and Universities Attended)

Name of Institution	Location	Degree	Dates (From/To)	Year of Graduation

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Month/Day/Year

**NOTE: This application will be considered incomplete without your signature.**

PLEASE COMPLETE PAGE 2

### The Following Questions Are Optional:

Place of Birth \_\_\_\_\_ Religious Preference \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_ Father's Place of Birth \_\_\_\_\_

What is your first language, if other than English? \_\_\_\_\_ Is another language spoken at home?  Yes  No

If yes, what language? \_\_\_\_\_  Single  Married

**How would you describe yourself? Check any that apply.**

<input type="checkbox"/> American Indian, Alaskan Native (Tribe _____)	<input type="checkbox"/> Mexican American, Mexican
<input type="checkbox"/> Native Hawaiian, Pacific Islander	<input type="checkbox"/> African American, Black (Country _____)
<input type="checkbox"/> Asian American, Asian, Indian subcontinent (Country _____)	<input type="checkbox"/> White, Anglo, Caucasian
<input type="checkbox"/> Hispanic, Latin, Puerto Rican (Country _____)	<input type="checkbox"/> Other (Specify _____)

## APPLICATION CHECKLIST

### All students must submit the following:

- Completed application including your signature. Your signature indicates that all information provided is correct and honestly presented.
- Official transcripts for all courses taken. Please have the college(s) you attended submit sealed transcripts to the School of Graduate and Professional Studies.  
*Do not open copies directly sent to you. (Note: You must submit a High School Transcript or GED scores if you have not completed 24 college credits).*
- \$30.00 non-refundable application fee with this form

### \*In addition RN-BS students must submit the following materials:

- One reference letter (academic OR professional, dated within the past year).
- Personal goal statement (100-250 words) describing your reasons for applying to the Elms Off-Campus degree completion program and how they might benefit your professional future.

### In addition International Students must submit the following (HCC & STCC applicants only):

- TOEFL test scores
- Current passport ID page and visa page from your passport

## INFORMATION AND INSTRUCTIONS

### Application Fee

There is a one-time non-refundable application fee of \$30. Please make checks payable to Elms College.

### Records and Confidentiality

Any and all information submitted with this Application for Admission becomes the property of Elms College in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. Your application materials will be kept confidential within the confines of Elms College. For further information regarding FERPA, please see the undergraduate catalog.

### Financial Assistance

The Financial Aid Office can assist students with information on loans, grants, and scholarships. Call the Financial Aid Office to receive information on the Free Application for Federal Student Aid (FAFSA) at 413-265-2249. Elms College's school code is 002140. The FAFSA does not apply to international students.

### International Students

*(For Elms College off-campus programs, only Elms at STCC and Elms at HCC are approved by the U.S. Citizenship and Immigration Services (USCIS) to offer F-1 student visas).*

International students are encouraged to apply to Elms College undergraduate programs. An applicant who is not a United States citizen or a permanent resident alien, and who wishes to apply for an F-1 Student Visa must submit an F-1 Visa Request Form and supporting documents. Those students whose native language is not English must take the Test of English as a Foreign Language (TOEFL) and earn a minimum score of 79-80 on the TOEFL iBT. Elms College's board number for the TOEFL exam is 3283. For further information please contact the School of Graduate and Professional Studies at 413-265-2490 or mccarryj@elms.edu.

### Advising

Upon acceptance, the student will meet with the Academic Advisor.

### Immunization Records

Students enrolling must submit immunization records, a medical history form, a medical examination form and meningitis form to the Health Center. For details, contact the Health Center at 413-265-2288.

### Interviews

Interviews may be scheduled at anytime during or upon completion of application process.

### Completed Applications

School of Graduate and Professional Studies  
Elms College  
291 Springfield Street  
Chicopee, Massachusetts 01013-2839

Phone: 413-265-2490

fax: 413-265-2459

mccarryj@elms.edu