



Springfield College

APPLICATION FOR ADMISSION TO THE EXECUTIVE MASTER'S PROGRAM (MSHS)

TO THE APPLICANT:

Please type or print all information requested. Return your signed application along with a check in the amount of \$40, made payable to Springfield College, and mail them to Springfield College School of Human Services, Executive Master's Program, 263 Alden Street, Springfield, MA 01109.

PERSONAL PROFILE

Name: _____
Last First Middle Initial

Home Address: _____
Street City/Town State Zip

Mailing Address (to which correspondence is to be sent): _____
Street City/Town State Zip

Telephone: (_____) _____
Home Business

Fax: (_____) _____ E-mail: _____

U.S. Citizen: Yes No Permanent U.S. resident: Yes No

Social Security Number: _____ Date of Birth (optional): _____

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

Alien Registration Number: _____

Please indicate any other last names used: _____

How did you hear about the program? _____

The Executive Master's Program is committed to a culturally diverse education. To help us fulfill this commitment, we ask that you provide the information below. This section is optional, and will be used for statistical purposes only. Information provided in this section has no bearing on admission.

Ethnic Background (Optional):

- | | | |
|---|---|--|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic/Latin American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Black | <input type="checkbox"/> Caucasian (White) |
| <input type="checkbox"/> Mexican or Chicano | <input type="checkbox"/> Oriental or Asian American | <input type="checkbox"/> Other |

ACADEMIC PROFILE

Undergraduate College or University: _____

Major: _____ Degree: _____ Graduation Date: _____

Graduate College or University: _____

Major: _____ Degree: _____ Graduation Date: _____

Please list other collegiate institutions attended and dates of attendance:

College: _____ Date: _____

College: _____ Date: _____

EXECUTIVE PROFILE

Title/position in your organization: _____

Number of years in your current position: _____ Total number of years in management and executive leadership positions: _____

Size of your organization's total annual budget as well as the portion for which you have responsibility: _____

Name, title of person(s) to whom you report: _____

Number of employees (FTE's) you supervise directly and through assistants: _____

In no more than three typed, double spaced pages, please answer the following questions:

- A. Reason for your interest in enrolling in the Executive Master's Program
- B. Your expectations of benefits to your organization from the program
- C. Awareness of, and ability to commit to, the schedule of the program
- D. How you plan to use your master's degree

Please attach the following documents:

- A. Copy of your current résumé detailing your most recent five (5) years of employment and/or community service
- B. Copy of your organizational chart, highlighting your position
- C. Copy of your job description
- D. Letter of sponsorship from the Chairperson of your Board of Directors or CEO, to include level of commitment (supportive as well as financial) to your pursuit of the masters degree at Springfield College

All documents should be compiled and submitted along with your application.

I understand that credits earned in this program will be accepted by other colleges at their discretion. Credit transfer policies may vary.

As a prospective graduate student, I consent to the usage of any photographic likeness of, video footage of, or statement by me in the event Springfield College should wish to use them in any publication or advertisement.

Falsification of any information on this application and its supporting credentials may make the candidate ineligible for admission or subject to later separation if enrollment is affected.

Signature: _____ Date: _____

THIS APPLICATION IS INCOMPLETE UNLESS SIGNED.