



APPLICATION FOR ADMISSION TO GRADUATE STUDY UNIVERSITY OF MASSACHUSETTS BOSTON

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Please be sure to visit <http://www.umb.edu/admissions/grad/> for full application instructions and requirements.

Academic Background

1. Please list in chronological order every institution of higher education you have attended, indicating dates of attendance. Indicate any degrees or certificates earned or expected, and give dates earned or expected. Be sure to include any institution you have attended as a non-degree-seeking student. If you have ever attended UMass Boston and/or Boston State College, be sure to indicate this. Use an additional sheet if necessary (print your name and Social Security number on this sheet).

Institution _____
 City, State _____ Attended From (Mo./Yr.) _____ To (Mo./Yr.) _____
 Degree or Certificate _____ Earned (Mo./Yr.) _____ Expected (Mo./Yr.) _____

Institution _____
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 Degree or Certificate _____ Earned (Mo./Yr.) _____ Expected (Mo./Yr.) _____

Institution _____
 City, State _____ Attended From (Mo./Yr.) _____ To (Mo./Yr.) _____
 Degree or Certificate _____ Earned (Mo./Yr.) _____ Expected (Mo./Yr.) _____

2. If you have previously sought admission to a UMass Boston graduate program, indicate the program and the semester for which you applied (e.g., fall, 1997).

3. Please list any undergraduate- and graduate-level courses in which you are now enrolled. If none, so state.

Name of Institution	Course Title	Course Number	Date Course Ends	Credit Value (specify unit)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. If you have taken or plan to take any of the following tests, indicate the month and year below.

GRE (General) _____ GRE (Subject) _____ Miller Analogies Test _____
 GMAT _____ TOEFL _____ MTEL _____
 IELTS _____ Other (Specify) _____

5. Please give the names of at least three people whom you have asked to forward letters of recommendation in support of your application.

Activities and Work Experience

1. Please indicate chronologically all activities (other than attending college) that have occupied you within the last five years. Include employment, military service, etc. If you have been a teacher, indicate subjects, grades, years taught. Use an additional sheet if necessary (print your name and Social Security number on this sheet).

Activity	Location	From (Mo./Yr.)	To (Mo./Yr.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name Last (Family) _____
 First (Given) _____
 Middle _____
 U.S. Social Security Number _____

Residency Information

This section must be completed in all applications. Before doing so, please read the statement of rules and regulations governing residency status that accompanies this form.

Part 1 This must be filled out by all applicants.

Are you a citizen of the United States? Yes No

Please indicate your place of birth below.

City _____ State (if applicable) _____ Nation _____

Part 2 This must be filled out by applicants who are residents of Massachusetts as defined by the rules and regulations governing residency status.

I have read the rules and regulations governing the residency status of students for tuition purposes at the University of Massachusetts, and I here state that, pursuant to these regulations, I qualify as a Massachusetts resident for the following reason (check one and indicate beginning of residence):

I am 18 years of age or more, and a U.S. citizen or permanent alien resident, and I have resided continuously in Massachusetts since (Mo./Yr.) _____

I am married, 18 years of age or more, and a U.S. citizen or permanent alien resident, and my spouse has resided continuously in Massachusetts since (Mo./Yr.) _____

If you are a permanent alien resident, please give your Alien Registration Number, and include a copy of your card. _____

Part 3 This must be filled out by applicants who are not residents of Massachusetts as defined by the rules and regulations governing residency status.

I do not qualify for classification as a Massachusetts resident as defined in the rules and regulations governing the residency status of students for tuition purposes at the University of Massachusetts.

If you are applying to UMass Boston through the New England Regional Student Program, please indicate your state of residence, _____

If you are a permanent alien resident, please give your Alien Registration number _____

If you are an international student and you already hold a visa, please indicate your visa status below.

F1 F2 J1 J2 Other _____

If you are an international student, indicate the visa status for which you plan to apply.

F1 F2 J1 J2 Other _____

If you are an international student currently in the U.S.:

When does your I-94 expire? _____ Which institution issued your last I-20? _____

Please be sure that you have answered all questions in part 1 and that you have indicated your residency status in either part 2 or part 3. If you have claimed Massachusetts residency, be sure that you have indicated in part 2 the month and year when you—or your spouse—began residing in Massachusetts.

Please read and sign

This form must be signed by the applicant.

I certify that the information given in this application is complete and accurate, and that I have not attended any institutions other than those listed. I understand that making false or fraudulent statements within this application could result in denial of admission, disciplinary action, and invalidation of credits or degrees earned. Should there be any change in the substance of the information I have given here, I will immediately notify the Office of Graduate Admissions.

Signature of Applicant _____ Date _____

Final Instructions

Please mark the following boxes to indicate that this application form is complete.

- I have completed the Residency Information section.
- I have signed this form.
- I have completed the Personal Disclosure Form and enclosed it with my application.
- I have enclosed payment for the application fee (\$60.00 for domestic applicants, \$100 for international applicants). (International applicants only: the application fee must be submitted by cashier's check, demand draft or money order, payable in U.S. currency and made out to UMass Boston. Personal checks cannot be accepted.)
- I have enclosed my statement of interests and intent.
- (if applicable) I have enclosed a photocopy of my alien registration card.
- I have read all instructions regarding admission tests, and I understand that I must arrange to have relevant scores sent to the Office of Graduate Admissions.
- I have enclosed other required supporting materials (transcripts, letters of recommendation, Teacher/Special Education Application Cover Sheet).

Send this form and all enclosures to:
 Office of Graduate Admissions
 University of Massachusetts Boston
 100 Morrissey Boulevard
 Boston, MA 02125-3393

Phone: 617.287.6400

Teacher and Special Education Application Cover Sheet

To the applicant: Please fill out this form if you are applying to any program in Teacher Education or Special Education, and include it in your application packet.

1. Applicant's Name

Last (Family)	
First (Given)	
Middle	
Previous	

2. Applicant's Social Security Number _____

3. Proposed Program of Study:

Teacher Education

- MEd Track without Licensure
- MEd Track with Initial Licensure: Early Childhood Education
- MEd Track with Initial Licensure: Elementary Education
- MEd Track with Initial Licensure: Middle/Secondary Education
- Graduate Certificate with Initial Licensure: Middle/Secondary Education
- MEd Track with Professional Licensure: Elementary Education
- Post-Master's Certificate with Professional Licensure: Elementary Education
- MEd Track with Professional Licensure: Middle/Secondary Education

Projected license or discipline in which licensure is sought (list at least one):

1. _____

2. _____

- Post-Master's Certificate with Professional Licensure: Middle/Secondary Education

Projected license or discipline in which licensure is sought (list at least one):

1. _____

2. _____

Special Education

- MEd Track without Licensure
- MEd Track with Initial Licensure
- MEd Track with Professional Licensure
- Post-Master's Certificate with Professional Licensure
- MEd Track in Teaching of Students with Visual Impairments
- MEd Track in Orientation and Mobility
- Graduate Certificate: Orientation and Mobility

**Office of Graduate Admissions
Personal Disclosure Form**

Please complete and return this form to the address at the bottom of the page. Please type or print in black ink.

Name Last _____

First _____

Middle _____

Social Security Number _____

Admissions Student ID _____

Program of Study _____ Semester/Year _____

Personal Disclosure Questions:	
1. Have you ever been found responsible for a disciplinary violation at an educational institution that you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a felony or other crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to either or both questions, please submit a separate sheet that gives the approximate date of each incident and explains the circumstances. Mail directly to the Director of Graduate Admissions and mark the envelope "Confidential."

We will carefully review the circumstances surrounding your situation. A "Yes" answer does **NOT** necessarily disqualify you from consideration for admission to the University of Massachusetts Boston.

I certify that the information I have provided above about my academic and personal history is accurate and complete. Failure to disclose any required information could result in the denial of admission or retroactive administrative withdrawal from the University without refund or course credits.

Signature: _____ Date: _____

Please complete and return this form to:

Office of Graduate Admissions
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393

University of Massachusetts Boston

Letter of Recommendation for Graduate Admission

To the applicant: Please provide the information requested in this section of this form (please type or print in black ink), sign the form, and give it to a person well acquainted with your academic abilities who has agreed to recommend you for admission to the graduate program of your choice.

Applicant's name Last (Family) [grid] First (Given) [grid] Middle [grid]

Applicant's Social Security number _____

Applicant's address _____

Proposed program of study _____

Person providing recommendation (Please print name.) _____

[] I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of Massachusetts Boston.

[] I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at the University of Massachusetts Boston.

Signature of applicant _____ Date _____

To the recommender: Please comment in detail regarding the applicant's potential for graduate study and your basis for judgment. We are particularly interested in your assessment of this applicant's a) capacity and motivation for carrying on advanced study and research, b) creative talent, c) ability to speak and write English clearly, and d) promise for a successful career. We are also interested in the applicant's potential for work as a teaching or research assistant. Use the opposite side of this page if necessary, or a separate sheet headed with the applicant's name and Social Security number. Because the University of Massachusetts Boston is in compliance with Section 504 of the Rehabilitation Act of 1973, we ask you to avoid referring directly or indirectly to any disability the applicant may have.

Please mail the completed form to the applicant or to the address below:

Office of Graduate Admissions
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393
Phone: 617 287-6400
Fax: 617 287-6236

Recommender's signature _____ Date _____

Please print name _____

Title/Position _____

Institution/Organization and address _____

Letter of Recommendation for Graduate Admission

To the applicant: Please provide the information requested in this section of this form (please type or print in black ink), sign the form, and give it to a person well acquainted with your academic abilities who has agreed to recommend you for admission to the graduate program of your choice.

Applicant's name Last (Family) [grid] First (Given) [grid] Middle [grid]

Applicant's Social Security number _____

Applicant's address _____

Proposed program of study _____

Person providing recommendation (Please print name.) _____

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Applicant's name Last (Family) [grid] First (Given) [grid] Middle [grid]

Applicant's Social Security number _____

Applicant's address _____

Proposed program of study _____

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University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393
Phone: 617 287-6400
Fax: 617 287-6236

Recommender's signature _____ Date _____

Please print name _____

Title/Position _____

Institution/Organization and address _____

Rules and Regulations Governing the Residency Status of Students for Tuition Purposes

I. Definitions

- 1. Academic Period**—a term or semester in an academic year or a summer session, as prescribed by the Board of Trustees or under their authority.
- 2. Continuous Attendance**—enrollment at the University for the normal academic year in each calendar year, or the appropriate portion or portions of such academic year as prescribed by the Board of Trustees or under their authority.
- 3. Emancipated Person**—a person who has attained the age of 18 years and is financially independent of his or her parents, or if under 18 years of age, (a) whose parents have entirely surrendered the right to the care, custody and earnings of such person and who no longer are under any legal obligation to support or maintain such person; or (b) a person who is legally married; or (c) a person who has no parent. If none of the aforesaid definitions applies, said person shall be deemed an “unemancipated person.”
- 4. Parent**
 - a.** the person’s father and mother, jointly;
 - b.** if the person’s father is deceased, the person’s mother; if the person’s mother is deceased, the person’s father;
 - c.** if a legal guardian has been appointed by a court having jurisdiction, the legal guardian;
 - d.** if either the father or mother is living and no legal guardian has been appointed, the person who then stands in *loco parentis* to the person;
 - e.** if the father and mother are divorced, separated, or unmarried, the parent who has been awarded legal custody of the person; or, if legal custody has not been awarded, the parent with whom the person lives. With respect to any adopted student, the word “adoptive” should be inserted before the words “father” and “mother” wherever used.
- 5. Reside, residency or resident** shall refer to domicile, i.e., a person’s true, fixed, and permanent home or place of habitation, where he or she intends to remain permanently.

II. Classification

- 1.** For the purpose of assessing tuition and fees, each student shall be classified as a “Massachusetts resident” or a “Non-Massachusetts resident.” A person shall be classified as a Massachusetts resident if he or she (or the parent of an unemancipated student) shall have resided in the Commonwealth of Massachusetts for purposes other than attending an educational institution for twelve months immediately preceding the student’s entry or re-entry as a student.

Physical presence for this entire twelve-month period need not be required as long as the conduct of the individual, taken in total, manifests an intention to make Massachusetts his or her permanent dwelling place.

III. Determination of Residency

- 1. Proof of Residency**
 - a.** Each case will be decided on the basis of all facts submitted with qualitative rather than quantitative emphasis. A number of factors are required to determine the intention of the person to maintain permanent residency in Massachusetts. No single index is decisive. The burden of proof rests on the student seeking classification as a Massachusetts resident.
 - b.** The following shall be primary indicia of residency:
 1. For unemancipated persons, the residency of parents, having custody, within Massachusetts;
 2. Certified copies of federal and state income tax returns;
 3. Permanent employment in a position not normally filled by a student;
 4. Reliance on Massachusetts sources for financial support;
 5. Former residency in Massachusetts and maintenance of significant connections there while absent.
 - c.** The following shall be secondary indicia of residency, to be considered of less weight than the indicia listed above in subsection b:
 1. Continuous physical presence in Massachusetts during periods when not an enrolled student;
 2. Military home of record;
 3. All other material of whatever kind or source which may have a bearing on determining residency.
- 2. Proof of Emancipation**

A student asserting that he or she is an emancipated person shall furnish evidence to support such assertion. Such evidence may include:

 - a.** Birth certificate or any other legal document that shows place and date of birth;
 - b.** Legal guardianship papers—court appointment and termination must be submitted;
 - c.** Statement of the person, his or her parent(s), guardian(s), or others certifying no financial support;
 - d.** Certified copies of federal and state income tax returns filed by the person and his or her parent(s);
 - e.** Where none of the foregoing can be provided, an affidavit of the emancipated person in explanation thereof and stating fully the grounds supporting the claim of emancipation.

IV. Appeals

Any student or applicant who is unwilling to accept the initial ruling relative to his or her residency classification may file a "Residency Reclassification Form."

Any student or applicant who is unwilling to accept the ruling relative to his or her residency reclassification may submit an appeal to the University's Residency Appeal Committee. The decision by this committee is final and may not be appealed further.

In any case where the Admissions Office is unable to make an initial determination based on the evidence submitted, the applicant may be required to submit a "Residency Reclassification Form" to the Admissions Office for its review before being finally classified as a resident or a non-resident.

V. Penalties

Misrepresentation in or omission from any evidence submitted with respect to any fact, which if correctly or completely stated would be grounds to deny classification as a Massachusetts resident, shall be cause for exclusion or expulsion from or other disciplinary action by the University.