

Castleton

A V E R M O N T S T A T E C O L L E G E

2008-09

GRADUATE ADMISSIONS APPLICATION

Master of Arts in Education

Office of Admissions
Castleton State College
Castleton, Vermont 05735
www.castleton.edu
1- 800-639-8521

Application Checklist

Please be sure to read the *Graduate Catalog* for the requirements specific to your program. The application for the Master of Arts in Education, Master of Arts in Educational Leadership or Certificate of Advanced Graduate Studies will be complete when the Admissions Office has received the following:

- ___ A completed application for admission.
- ___ An application fee of \$35. (Check or money order payable to Castleton State College). Fee is non-refundable.
- ___ Candidate's letter to the Admissions Committee (choose one of the following):
 - ___ For all MA programs the letter of no more than two single spaced pages, should address the following questions:
 - a) What are your personal/professional goals? How will earning an advanced degree support them?
 - b) What do you hope to learn during your graduate studies?
 - c) What contributions will your presence bring to the Castleton State College program?
- ___ A current résumé.
- ___ Two current professional references which address the applicant's scholarship and potential to be an exemplary teacher and/or educational leader.
- ___ Official transcripts of undergraduate and graduate work sent directly from the issuing institution to the Castleton State College Admissions Office. (Castleton State College transcripts will be obtained by the Admissions Office.)

- ___ Results of the MAT (Miller Analogies Test) or the GRE (Graduate Record Examination) General Battery sent directly to the Admissions Office.
 - a) For information about the MAT (Miller Analogies Test), please call 802-468-1346.
 - b) For information about the GRE (Graduate Record Examination) General Battery, please call 802-468-1339.

Note: Candidates who already have an advanced degree are exempt from this requirement.

- ___ For candidates seeking initial licensure: Results of the Praxis I test (Reading score of 177; Writing score of 174; Mathematics score of 175

OR

A composite Praxis I score (total of the three scores above) of at least 526.

OR

GRE (Grade Record Exam) scores of: total score = 1100 verbal minimum score of 500 and quantitative minimum score of 500 and mathematics minimum score of 500

OR

SAT total score = 1100 with verbal minimum score of 500 and mathematics minimum score of 500 (for SAT scores prior to March 2005 only)

OR

ACT English = 22 and mathematics = 22

- ___ If you have a teaching license, please submit a photocopy.

Upon completion of the above preliminary steps in the process, review of applications will begin after the deadline date. Candidates may be interviewed and those admitted will be expected to attend an orientation session prior to the semester of matriculation.

For more information or assistance, call toll free 800-639-8521 or 802-468-1213.

Return to:
Castleton State College
Admissions Office
Castleton, VT 05735

Castleton

A VERMONT STATE COLLEGE

Applicant for Degree Program

Name _____

Last
First
Middle

P.O. Box or Street
City
State
Zip

Social Security # _____ - _____ - _____ Preferred title Mr. Mrs. Ms.

If you have academic records under another name, please indicate _____

Telephone number (hm) _____ (wk) _____ e-mail _____

State of legal residence _____ County _____

Months of residency _____ Are you a U.S. citizen? yes no

Resident Alien? yes no (If yes, please provide copy of your green card with application.)

Have you ever been convicted of a felony? yes no If yes, give details on a separate sheet of paper.

Present occupation (include job title where applicable): _____

Have you ever previously applied to Castleton State College? yes no; If yes, when _____

Will you be receiving veteran's benefits? yes no

Will you be applying for financial aid? yes no

How did you first learn about Castleton? Publication College Fair Website Teacher Student

Alumnus/Alumna Guidance Counselor Employer Admissions Representative Other

Please identify by name _____

Names of relatives who have or are currently attending Castleton. _____

The following information will be used for statistical purposes only. This section is optional.

American Indian or Alaskan Native Asian/Pacific Islander Black Non-Hispanic
 Hispanic/Latino White/Non-Hispanic Non-Resident Alien
 Date of birth ____/____/____ Male Female

List in chronological order all colleges and universities attended. You must request that official transcripts be sent directly from the institution to the Castleton Admissions Office. Use an additional sheet if necessary.

Institution	Dates of Attendance	Major	Name of Diploma	Date Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you seeking beginning educator licensure? yes no

If yes, indicate areas _____

Are you seeking an additional endorsement to your current license? yes no

If yes, what endorsement are you seeking? _____

Honors or scholarly achievements _____

Names of persons who will be submitting letters of recommendation

Name	Address	Phone Number	Position
_____	_____	_____	_____
_____	_____	_____	_____

Employment record:

School/Organization	Location	Position	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____

Program Application (choose one)

When do you plan to attend Castleton State College? Fall 20 ____; Spring 20 ____; Summer 20 ____

Non-Licensure Options

- ___ Master of Arts in Education Specializing in Curriculum and Instruction
- ___ Master of Arts in Education Specializing in Language Arts and Reading
- ___ Master of Arts in Education Specializing in General Educational Leadership
- ___ Master of Arts in Education Specializing in Language and Learning Disabilities
- ___ Master of Arts in Science Education

Initial Licensure

- Master of Arts in Education
 - ___ Elementary (K-6) Licensure
 - ___ Secondary (7-12) English Licensure
 - ___ Secondary (7-12) Mathematics Licensure
 - ___ Secondary (7-12) Science Licensure
 - ___ Secondary (7-12) Social Studies Licensure
 - ___ Secondary (7-12) Spanish Licensure
 - ___ Secondary (7-12) Theatre Arts Licensure
 - ___ Secondary (K-12) Art Licensure
 - ___ Secondary (K-12) Music Licensure
 - ___ Special Educator Licensure (K-21)

Endorsement Programs (must be added to initial licensure)

Master of Arts in Education with:

- ___ Reading Teacher Endorsement
- ___ Reading Coordinator Endorsement
- ___ Consulting Teacher (K-8 or 7-21)

Do you hold any teaching, administrative or counseling licenses? yes no If yes, please list below.

Field/Area	Level	State	Year Received

Tests: Please have scores sent directly to Castleton State College. Note that this requirement is waived for applicants already holding an advanced degree.

GRE: taken; scores: Verbal: _____ Quantitative _____ Analytical _____; plan to take; date _____

Praxis I: Reading score: _____ Writing score _____ Math score _____ SAT Verbal _____ SAT Math _____

ACT English _____ ACT Math _____

Miller Analogy: taken: score _____; plan to take; date _____

If you have spoken or corresponded with any member of the Castleton State College faculty regarding your application, please list name(s) and approximate date(s) _____

Please remember to include your letter to the Admissions Committee with this application. See application checklist for special instructions.

NON-DISCRIMINATION, EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION

Every member of Castleton State College should work to ensure non-discriminatory processes and practices with faculty, staff, and students.

Qualified students are recruited for, admitted to, and participate in all college programs without discrimination on the basis of race, color, gender, sexual orientation, religion, creed, national origin, age, veteran status, or disability. The college will provide reasonable accommodations to create equal opportunity for students with known disabilities.

Faculty, administrators, and staff are employed without discrimination on the basis of race, color, gender, sexual orientation, religion, creed, national origin, age, veteran status, or disability unrelated to job requirements. The college will make reasonable accommodations to the known disability of an otherwise qualified applicant or employee. Additionally, the college will engage in affirmative efforts to recruit, admit, and support students, and to recruit, employ, and support employees, in order to achieve the diversity which advances the educational mission.

Castleton State College complies with state and federal laws related to equal opportunity and non-discrimination. Any question or complaint about potential or perceived discrimination in violation of any state or federal law should be directed to Lyn Sawyer, Equal Opportunity Officer, Woodruff Hall, (802) 468-1208; or the Vermont State Colleges Office of the Chancellor in Waterbury; or the Vermont Office of the Attorney General; or the Equal Opportunity Employment Commission in Washington, D.C.

Please contact Lyn Sawyer, Equal Opportunity Officer, if auxiliary aid or service is needed to apply for admission or employment.

STUDENT RIGHT TO KNOW/CAMPUS CRIME

The United States Department of Education requires colleges and universities to make available annual statistics on our students' continuation and graduation rates. Contact the Admissions or Communication Office for this information. Additionally Castleton's annual security report provides information about the operation of the College's Public Safety Department; college safety and security, alcohol and drug, and sexual assault policies; and campus crime statistics for a variety of crimes including murder, manslaughter, sex offenses, robbery, burglary, and motor vehicle theft, along with information regarding on-campus alcohol, drug, and weapons violations. Copies of the report may be obtained from the Admissions, Business, Communications, Public Safety, and Registrar's Office.

I HEREBY DECLARE

The information submitted on this form is true and correct to the best of my knowledge. I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation at Castleton State College. With this in mind, I certify that the above statements are correct and complete.

I understand that, if admitted, I will be required to submit a completed health form including a record of immunizations as required by Vermont State Statute, in order to register for classes.

I understand that Castleton State College may wish from time to time to provide public notice of certain student accomplishments and/or to use photographs of students for publications in various types of college promotional material. I do hereby give my permission to Castleton State College to provide public notice of my accomplishments as it may feel appropriate, and/or to use my photograph, without compensation, in published promotional material. If you do not grant permission please attached a signed letter requesting us to withhold public use of name and photo. Not attaching a note signifies acceptance.

Credits earned at the Vermont State Colleges are transferable to other colleges or universities only at the discretion of the receiving institution. Information provided on the Application Form will be released to other Vermont State Colleges for admission purposes. In consideration of the undertaking by the Admissions Office to process this form, the undersigned agree that the information furnished on this application for admission form, together with all information and materials of any kind received by the Admissions Office from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed except as provided by PL 93-380 "Family Rights and Privacy Act."

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation at a Vermont State College institution. I certify that the above statements are correct and complete.

Applicant's Signature _____

Date _____

Please enclose a \$35 application fee, payable by check or money order to Castleton State College.

Castleton

A VERMONT STATE COLLEGE

Office of Graduate Admissions

Castleton State College

Castleton, Vermont 05735

800-639-8521

www.castleton.edu

Castleton

A V E R M O N T S T A T E C O L L E G E

REFERENCE FORM

This section to be completed by applicant. (Please print or type.)

Name _____
Last First Middle

Address _____
P.O. Box/Street City State Zip

Reference for admission to: _____
Program/concentration Degree sought

The Family Education Rights and Privacy Act of 1974 (P.L. 93-380) gives students access to information in their application files. However, to ensure that references will be free to write a candid letter of recommendation, an applicant may waive the right to see letters of reference. If you wish to voluntarily waive this right, please sign below.

Signature _____ Date _____

Name and address of reference (to be completed by applicant)

Name _____ Title _____

Address _____
P.O. Box/Street City State Zip

Phone _____ E-mail _____

Applicant's Name _____

1. Please complete the rating scale by placing checkmarks in the appropriate locations based on a comparison with other educators you have known.

	No basis for evaluation	Below Average	Average (top 50%)	Above Average (top 10%)	Outstanding (top 2%)
Character/personal integrity					
Critical thinking and intellectual capacity					
Competence as a teacher/educator					
Ability to work with others/interpersonal skills					
Capacity for self-reflective practice					
Oral expression					
Written expression					
Listening skills					
Leadership potential					
Sense of humor					
Receptivity to coaching and mentoring					
Work ethic					
Willingness to address conflict					
Sensitivity to diversity and inclusion					
Capacity for vision					
OVERALL RATING					

2. Please comment in a letter about your impression of the applicant's potential as a teacher, administrator/leader and as a student.

3. Reference's name _____ Years in profession _____

School/organization _____

Current position _____ Years in current position _____

How long and in what capacity have you known the applicant? _____

4. Signature of reference _____ Date _____

Castleton State College appreciates your evaluation of this applicant's capacity for success as a graduate student undertaking advanced study in the program noted on this form.

Please send this form directly to:

Castleton State College
Admissions Office
Wright House
Castleton, Vermont 05735