

Graduate Program

The following is a list of graduate programs at Johnson State College. Please indicate the area(s) of study you are interested in pursuing.

Master of Arts in Education

- _____ Children's Mental Health-ABC
- _____ Content Specialist-CEP
- _____ Elementary Licensure-ELE
- _____ Gifted and Talented Program-GFT
- _____ Individual Strand-IDP
- _____ Literacy Endorsement (Reading and Language Arts)-LAR
- _____ Middle Level Licensure-MID

Non-degree Teacher Licensure-CT.PBE

- _____ Science Education-J.MA.SCE
- _____ Special Education Endorsement-SPE
- _____ Secondary Licensure-SED

Master of Arts in Counseling

- _____ School Counseling Licensure-GUI
- _____ Mental Health Counseling-CMH
- _____ Substance Abuse Counseling-SAB
- _____ College Counseling (Student Personnel)-COL

Is there any other information that would help us to evaluate your application to Johnson State College?

Have you ever been convicted of or pled guilty to a crime? Yes No

If yes, please attach an explanation on a separate sheet of paper.

I understand that, although people pursue concentrations in areas which often call for specific credentials such as teacher certification, these are granted by agencies outside Johnson State College and that, consequently, a degree through this college does not automatically yield professional licensure.

Please be advised: the VSC maintains a single course database, student records systems and official transcript for all VSC colleges (CCV, CSC, JSC, LSC, VTC). If you are a student at one VSC college and are applying to another VSC college, your official transcript will be reviewed electronically by the admissions office at the VSC college to which you are applying.

By signing below, you grant permission for an electronic review of your official VSC transcript by the admissions office at the VSC college to which you are applying.

I agree that the information provided in the **Application for Admission**, along with all information requested, shall be kept confidential and used only in accordance with the Family Education Rights and Privacy Act of 1974 (Buckley Amendment).

I understand that withholding information requested in the application or giving false information may make me ineligible for admission to or continuation in **Johnson State College**.

I certify that the above information is correct and complete.

Applicant's Signature _____

Date _____

Your permission is requested to authorize Johnson State College to use your name, photograph, any artwork, and any comments you may write or state, in college promotional materials such as advertisements, publications, the College website, and other forms of publicity. Please be aware that you will not receive any compensation for the use of your image in any college marketing or promotional materials (including website).

I give my permission. Signature _____ Date _____

I do not give my permission. Signature _____ Date _____

- Credits earned at Johnson State College are transferable to other colleges or universities only at the discretion of the receiving institution.
- Applicants who have any disability (physical or learning) or who have limited English proficiency are encouraged to contact the Admissions Office so that special accommodations can be made to assist students throughout the admissions process.

- Johnson State College complies with State and Federal Laws related to equal opportunity and non-discrimination. Any questions or complaints about potential or perceived discrimination in violation of any State or Federal Law should be directed to Sharron Scott, Dean of Administration, Martinetti Hall (802-635-1207); 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 Sharron Scott, Dean of Administration, if auxiliary aid or service is needed to apply for admission or employment.



Johnson State College is a member of the National Association for College Admission Counseling (NACAC) and the New England Association for College Admission Counseling (NEACAC). We adhere to the Statement of Principles of Good Practice – the code of ethics developed by NACAC.

Office of Admission
337 College Hill
Johnson, Vermont 05656-9464
(802) 635-1219 or 800-635-2356
(802) 635-1230 Fax
E-mail: jscadmissions@jsc.edu

Graduate Degree Program Application for Admission

Application Instructions

Please submit the following application materials:

- An official copy of all college and university transcripts.
- Three recommendations from professors or other professionals who know the quality of your preparation or who can attest to your character and skills. These materials become part of your permanent file at Johnson State College.

- A two-page essay stating why you are interested in graduate study.

Counseling applicants should answer the following questions.

- 1) What interests you about being a counselor?
- 2) What previous experiences have you had with counseling? Discuss the type of experience, duration and the results or outcome.
- 3) What qualities or personal qualifications do you possess that will contribute to your effectiveness as a counselor?
- 4) Have you experienced any significant changes in your life-style, or major transitions in the past two years (e.g. divorce, separation, death of a loved one, job change, move, etc.). If yes, please discuss how you have coped, or are coping, with these changes. If no, no response is required.

- \$37 application fee. This fee is non-refundable and is not applied to other college charges. Make checks or money orders payable to Johnson State College.

- Recommended application filing dates:

For semester beginning:	Apply by:
Fall	July 1
Spring	November 1
Summer	April 1

- When your application is complete, the Graduate Office will contact you to schedule an admissions interview.

Biographical Information

Please print or type.

For Official Use Only	
Date Received:	_____
Fee Paid: Bank #:	_____
Check #:	_____
Amount:	_____
Fee Waived: _____ Yes _____ No	
Other:	_____
Interviewed by:	_____
Date:	_____

Name (Last, First, Middle Initial) _____

Preferred title: Mr. Mrs. Ms. _____

If you have academic records under another name, please indicate other name.

Permanent Address

Street Address

City _____ State _____ Zip + 4 _____

Mailing Address (if different from above)

City _____ State _____ Zip + 4 _____

State of Legal Residence _____ If Vermont, have you maintained legal residence in Vermont for the last 12 months? Yes No

Are you a U.S. Citizen? Yes No If no, country of citizenship _____

Are you a Resident Alien? Yes No Language spoken at home (if not English)? _____

Telephone Number (home) _____

Telephone Number (work) _____

Social Security # (Required to process application) _____ - _____ - _____

Date of Birth ____/____/____

The following information is used for statistical reporting to federal agencies to assure equal opportunity for all students. This optional information will not be used by the Admissions Office to make any decisions pertaining to your acceptance.

American Indian/Alaskan Native White, Non-Hispanic
 Hispanic Black, Non-Hispanic
 Asian/Pacific Islander Non-Resident Alien
 Male Female

E-mail address _____

I plan to attend : Fall 20____ Spring 20____ Summer 20____

Please indicate your choice of academic program. _____

Where do you plan to live? On Campus Off Campus College Apartments

I plan to attend: Full-time Part-time

Will you be applying for financial aid? Yes No Will you be applying for Veterans benefits? Yes No

Other colleges to which you are applying: _____

Educational History

List all secondary or preparatory schools.

School Name	School Name	School Name
Street	Street	Street
City, State, Zip	City, State, Zip	City, State, Zip
Dates of attendance	Dates of attendance	Dates of attendance
Diploma earned	Diploma earned	Diploma earned

List all universities, colleges, or other post-secondary institutions.

School Name	School Name	School Name
Street	Street	Street
City, State, Zip	City, State, Zip	City, State, Zip
Dates of attendance	Dates of attendance	Dates of attendance
Degree earned	Degree earned	Degree earned
# of credits earned	# of credits earned	# of credits earned

Please list any honors received or offices held in your academic or professional life:

Work History (Please list your last 3 employers)

Employer	Employer	Employer
Street	Street	Street
City, State, Zip	City, State, Zip	City, State, Zip
Position	Position	Position
Years	Years	Years



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 E-mail: jscadmissions@jsc.edu

Letter of Recommendation

Applicant:

I hereby waive _____ do not waive _____ my right to read this completed reference. _____
Applicant's signature and date

Reference:

To assist in obtaining information about a graduate student who has applied to the Master of Arts in Education/Counseling program, you are asked to furnish information regarding:

Mr., Mrs., Ms. _____

The information should contain past relationships, performance, academic abilities to complete a Master's degree and other pertinent information that you desire to furnish. (Feel free to continue on reverse side.) Please return to Office of Admissions, Johnson State College, 337 College Hill, Johnson, VT 05656-9464.

Profile of Prospective Graduate Student

Instructions: Below are four categories, rated 1 (lowest) to 10 (highest). Please check the applicable rating.

Intellectual Ability	1	2	3	4	5	6	7	8	9	10
Desire for Advanced Degree	1	2	3	4	5	6	7	8	9	10
Initiative	1	2	3	4	5	6	7	8	9	10
Problem solving skills	1	2	3	4	5	6	7	8	9	10

Print or Type Name & Title **Date**

Signature **Phone number**