

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.



International Graduate Degree Program Application for Admission

Application Instructions

Please submit the following application materials:

Please do not fax documents. Applications will not be reviewed until the Office of Admissions receives all required documentation.

- An official copy of all college and university transcripts.
- Applicants with foreign academic credentials must provide official university transcripts in the original language as well as a certified English translation. In order for Johnson State College to consider the acceptance of transfer credits from foreign institutions, students must have their post-secondary academic transcripts evaluated by an official foreign credential evaluation service. Students are responsible for paying for the credential evaluation and translations fees. A list of credential evaluation services can be found at www.edupass.org/admissions/evaluation.phtml.
- 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 is non-refundable and is not applied to other college charges. Make checks or money orders payable (in U.S. dollars) to **Johnson State College**.
- Test of English as a foreign Language (TOEFL) score report, if English is not your native language - www.ets.org.
- Financial documentation for immigration purposes equal to one year's expense.
- Recommended application filing dates:

For semester beginning:	Apply by:
Fall	May 1
Spring	August 1
- When your application is complete, the Graduate Office will contact you to schedule an admissions interview.

Biographical Information

For Official Use Only Date: _____
Fee Paid: Bank #: _____
Check #: _____
Major: _____

Name Last or Family _____ First or Given _____ Middle Initial _____

Preferred title: Mr. Mrs. Ms.

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

Foreign Address

U.S. Address (if applicable)

Box # or Street Address _____

Box # or Street Address _____

Country _____ Postal Code _____

Country _____ Postal Code _____

Mailing Address (if different from above) _____

Mailing Address (if different from above) _____

Country _____ Postal Code _____

Country _____ Postal Code _____

Are you a Citizen of the U.S.? Yes No

If you are not a U.S. Citizen, are you a permanent resident of the U.S.? Yes No Alien Registration Number _____

If not a U.S. citizen, what is your country of birth? _____ Citizenship _____

If you are currently living in the U.S. and have been admitted on a non-immigrant visa, what is your current status (ex. F-1)? _____

Language Proficiency: Native: _____ Other: _____

Telephone Number (home): _____ Telephone Number (work): _____

U.S. Social Security # (if known): _____

Gender: Male Female Date of Birth ____/____/____ City of Birth _____

E-mail: _____ FAX: _____

Do you plan to bring dependents with you to the United States? Yes No If yes, list the dependents who will be seeking entry to the U.S.

Family Name	First Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship to student
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Program Information

I plan to attend Johnson State College: January 20____ August 20____

Please indicate your first choice of academic program. Refer to the complete listing of academic programs on page 4.

Where do you plan to live?

On Campus College Apartments (21 or older) Off Campus

Other U.S. colleges to which you are applying: _____

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:

Test of English as a Foreign Language (TOEFL) Date Taken: Score: _____ Date Scheduled:

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

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

- _____ Autism
- _____ 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
- _____ Secondary Licensure-SED
- _____ Special Education Endorsement-SPE
- _____ Non-degree Teacher Licensure-CT.PBE

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 at 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 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.

- Applicants who have any disability (physical or learning) or who have limited English proficiency are encouraged to contact the Admissions Office or an Academic Advisor so that special accommodations can be made to assist students throughout the admissions process and/or in the classroom.

- Title IX Statement (discrimination based on sex)
Johnson State College complies with State and Federal Laws related to equal opportunity and non-discrimination based on race, color, national origin, sex, religion, age, veteran status, sexual orientation, or disability in employment or the provision of services. 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.



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

Financial Documentation

Johnson State College is required by the United States Immigration and Customs Enforcement Bureau to obtain documentation that demonstrates the ability of its international students to meet the cost of education at Johnson State College. For this purpose, a student's cost of education includes, tuition and fees, living expenses, and an estimate of miscellaneous expenses such as books, supplies, health insurance and other incidental expenses. Each international student must demonstrate his/her ability to meet educational costs at JSC for the student's first year of study and that, barring unforeseen circumstances, adequate funding will be available from the same or equally dependable sources for subsequent years. Students may demonstrate financial support by submitting the following documents:

- If you will be supported by your government or a sponsoring agency, submit an official copy of your sponsorship award letter.
- If you will be supported by private funds*, the sponsor** must submit supporting documents demonstrating that sufficient funds are available to cover expenses of the student studying in the U.S.A. Appropriate documents for financial verification can include: Official proof of personal or family savings; bank issued certified letters stating available funds; official bank statements; bank books; official tax documents. Official documents should bear an official seal or be printed on official letterhead.

* If support is to come from a sponsor within the United States, the sponsor should complete INS form I-134 (Affidavit of Support) available at www.uscis.gov.

** Students may be supported by parents, relatives, business persons, or other benefactors.

Please use the following worksheet to determine the amount that you will need to demonstrate the ability to pay.

Graduate Student Estimated Annual Costs		* Good Neighbor Graduate Estimated Annual Costs
Tuition	\$20,208	\$14,016
Estimated Living Expenses	7,510	7,510
Medical Insurance*	1,445	1,445
Books, supplies, miscellaneous	<u>2,450</u>	<u>2,450</u>
Sub Total	\$31,613	\$25,421
Dependent Care Expenses Add:		
\$5,000 for spouse		
\$3,500 for each child		
Total Cost _____		
Sub Total & Dependent Care Expenses		

* Good Neighbor tuition rate is for Canadian students

** All students at Johnson State College are required to have medical insurance. If you can show proof of other medical insurance the cost of college insurance will be waived. This price is the cost for one year of medical insurance during the 2008-2009 academic year. It does not include coverage of dependents.



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

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.

Print or Type Name & Title

Date

Signature

Phone Number



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

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.

Print or Type Name & Title

Date

Signature

Phone Number



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

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.

Print or Type Name & Title

Date

Signature

Phone Number