

# International Graduate Degree Program Application for Admission

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.vsc.edu](mailto:jscadmissions@jsc.vsc.edu)

## 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](http://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.
- \$35 application fee. This fee 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](http://www.ets.org).
- Financial documentation for Immigration purposes equal to one year's expense.
- 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.

<b>For Official Use Only</b> Date: _____
Fee Paid: Bank #: _____
Check #: _____
Major: _____

# Biographical Information

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 insert page AP-1.

Where do you plan to live?

- On Campus  College Apartments (21 or older)  Off Campus

- Application type:
- First-Year (first time attending any post-secondary institution)
  - Transfer (have previous college credits or coursework)
  - Re-admission (have previously attended the institution to which you are currently applying)
  - External Degree Program

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:      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
- \_\_\_\_\_ Science Education-J.MA.SCE
- \_\_\_\_\_ Special Education Endorsement-SPE
- \_\_\_\_\_ TASS

## Master of Arts in Counseling

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

## Non-degree Teacher Licensure-CT.PBE

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

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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 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.



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## 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
English Language Proficiency	1	2	3	4	5	6	7	8	9	10

Print or Type Name & Title

Date

Signature

Phone number