

For Office Use Only
 \$65

APPLICATION FOR ADMISSION
GRADUATE SCHOOL
UNIVERSITY OF MASSACHUSETTS AMHERST

ANTICIPATED entrance:
 Summer Fall Spring
 Year 20__

I. PERSONAL INFORMATION

Full Name _____
Last (Family) First Middle List any other name(s) which may appear on transcripts being submitted

Permanent address _____
No. and Street

City _____ State/Country _____ Zip Code _____ Tel. No. _____
(include Area Code)

Mailing address (until ___ / ___ / ___) _____
mm dd yy No. and Street

City _____ State/Country _____ Zip Code _____ Tel. No. _____
(include Area Code)

E-Mail Address (if you have one): _____ Valid Until: _____

U.S. Social Security Number: _____ - _____ - _____ Date of Birth: month _____ day _____ year _____
 Male Female Married Single
 United States citizen U.S. permanent resident F Visa J Visa Visa not yet obtained Other _____
 If not U.S. Citizen: Country of Citizenship: _____ City of Birth: _____

II. PROGRAM AND DEGREE (Use *only* Program names and degrees from Graduate Programs and Degrees Offered)

PROGRAM: _____

(Sub-field or special interest): _____

DEGREE (specify): Doctoral Master's (specify which master's degree, where applicable: _____)
 Five College Doctoral Master's, then Doctoral (specify which master's degree: _____)

OTHER: Certificate of Advanced Graduate Study (C.A.G.S.), in Education only
 Have you ever previously made an application (degree or non-degree) to this Graduate School? Yes No if so, when _____
 Have you ever previously registered for a course through this Graduate School? Yes No if so, when _____

III. FINANCIAL AID

Want to be considered for: Fellowship Assistantship (No separate application required)

IV. EDUCATION AND STANDARDIZED TEST SCORES

Verbal Quant. Analyt. Subject
 Test scores if known or scheduled test date: GRE* _____ GMAT* _____

Official Score report still required from Educational Testing Service TOEFL _____

(Undergraduate) (Graduate) (Undergraduate) (Graduate)
 Cumulative Grade Point Average (on A = 4.0) _____ Average in major field _____

List in chronological order all colleges and universities attended. Two official transcripts must be sent to the Graduate School from each institution attended. Failure to list all institutions attended will be reason for denial of this application.

All Institutions Attended	Dates of Attendance		Major/ Field	Degree Granted or Expected and Date
	From	To		
Undergraduate	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. REFERENCES

Names of at least two persons acquainted with your academic and/or professional experience. Give one of the attached recommendation forms to each, to be returned directly to the Graduate Admissions Office.

Name and Title

Address

_____	_____
_____	_____
_____	_____

VI. EXPERIENCE

List any significant professional or career related experiences:

Employer

Employer's Address

Position

Approximate Dates

_____	_____	_____	_____
_____	_____	_____	_____

List significant academic honors or awards and honor society memberships:

Describe any teaching or tutoring experience: _____

VII. PERSONAL STATEMENT

Prepare a brief but carefully written statement regarding: 1) reasons you want to do graduate work in this field, 2) your specific interests and experiences in this field, 3) any special skills or experiences that may relate to an assistantship, and 4) your career plans. If you use a separate page for this statement, be sure to list your name, birth date, and desired program at the top of the page.

Return to: Graduate Admissions Office
 530 Goodell Building
 University of Massachusetts
 140 Hicks Way
 Amherst, MA 01003-9333, U.S.A.

RECOMMENDATION FORM

Applicant: Fill in the top of this form, then give to referee. Your name should be listed here as it appears on your application form. If your referee chooses to use another type of recommendation form, attach this page as a cover page.

Date _____

Name of Applicant _____ Degree sought _____
Last First Middle

Proposed Graduate Program _____ Sub-field _____

Deadline for completion of application _____ Date of Birth: month ____ day ____ year ____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this letter of recommendation; the University of Massachusetts may, therefore, consider it confidential.

 Signature of Applicant (Optional)

Please comment on the applicant's ability to carry on advanced graduate study and research, his/her general character, stability, and preparation for a successful career in the chosen field. Compare applicant to others you have known in this field. Your prompt reply (see date above) will be sincerely appreciated.

I would rank this student in the top _____ % of approximately _____ students I have taught in _____ years.

	Upper 1 or 2%	Upper 10% but not upper 1 or 2%	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower half	No Basis for Judgement
Breadth of General Knowledge						
Ability in Oral Expression						
Ability in Written Expression						
Perseverance						
Emotional Maturity						
Imagination and Probable Creativity						
Potential as a Teacher						

Signature _____

Name (print) _____ Date _____

Institution _____ Position _____

Address _____ Zip _____

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Ability in Oral Expression						
Ability in Written Expression						
Perseverance						
Emotional Maturity						
Imagination and Probable Creativity						
Potential as a Teacher						

Signature _____

Name (print) _____ Date _____

Institution _____ Position _____

Address _____ Zip _____

INTERNATIONAL STUDENT FINANCIAL STATEMENT

University of Massachusetts Amherst

Every international applicant to the University of Massachusetts Amherst must complete this statement. It **must** be submitted with your application and will become part of your file. The information contained in this form will not affect your admission. It will be used, however, to determine if the University of Massachusetts will be able to provide you with visa sponsorship. Be sure to read all sections carefully and remember to include requested documentaion. **PLEASE PRINT OR TYPE.** This form has two pages, so be sure to complete both pages.



Please note that the form I-134, or any variation thereof, is not an acceptable proof of funding sources.



Check one or more as applicable.

- I will be totally reliant on the University of Massachusetts for financial support. (If you check this, stop here. Sign and date this form where indicated on the reverse side and submit this statement with your application.)
- I have personal funds to meet some or all of my expenses and I guarantee that these funds will be available to me in the United States. I enclose proof of this funding. (A statement from a bank or other financial institution is acceptable proof as long as it is dated within the past two (2) months.) The amount of personal funding available to me is _____ USD.
- I have been granted a scholarship, loan or other funding from an agency, company, governmental office, bank or other source. A copy of the award letter is enclosed and the award is in the amount of _____ USD.
- I will be supported, in part or full, by another individual. He/She has completed the following statement and has enclosed proof of ability to provide me with support. (This statement must be completed by all sponsors, even family members.)

SPONSOR'S STATEMENT - MUST BE NOTARIZED

I, _____, am willing to offer support in the amount of _____ USD to (name of student) _____ for his/her studies at the University of Massachusetts Amherst. I certify that I have sufficient funds to support this individual and have enclosed proof of the availability of these funds. (A statement from a bank or other financial institution is sufficient evidence as long as it is dated within the past two (2) months.) I further certify that these funds are readily accessible for use in the United States.

Signature: _____ Name (printed): _____

Relationship to applicant: _____ Date: _____

E-mail Address: _____ Fax Number: _____

NOTARY STATEMENT:



Please read and sign this statement and return completed form with your application:

I certify that the information provided on this form is accurate. I understand that the University of Massachusetts Amherst cannot provide me with a visa sponsorship until I present evidence of sufficient funds which can later include financial support from the University of Massachusetts — either with this form or at a subsequent date. I further understand that the information provided in this statement will not affect my admissibility to the University of Massachusetts Amherst.

Date: _____ Signature: _____

Date of Birth: _____ Name (Printed): _____

Fax Number: _____ City and Country where fax is located: _____

E-mail Address: _____