

Name (Last, First): _____

Social Security Number: _____

Mailing Address (Street): _____

City/State: _____ Zip Code: _____

Email Address: _____ Gender: M F

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Are you a U.S. citizen? Yes No If no, do you possess a valid work permit? Yes No

Are you an F1 International Student? Yes No *(Proof of citizenship or immigration status is required upon employment)*

Date Admitted to the Graduate Program: _____ Program Major: _____

Applicant signature: _____ Date: _____

Application Process

SUBMIT: Completed Application
Current Resume
Two letters of recommendation regarding employment experience

MAIL TO: Fitchburg State College
Office of Graduate and Continuing Education
160 Pearl Street
Fitchburg, MA 01420