

### CERTIFICATE AND VOCATIONAL TEACHER APPROVAL PROGRAMS

#### Evaluation Criteria

All prospective students interested in Fitchburg State College are encouraged to apply. The Office of Admissions is committed to evaluating and serving your individual academic needs.

Applicants who wish to enter the college more than three years after high school graduation, after completing a GED, or as transfer students, are evaluated based upon a combination of their college, high school or GED record, and life experience.

#### Re-admission Students

Students who have previously attended Fitchburg State College as matriculated students in this certificate program should not complete this application. Contact the Office of the Registrar at (978) 665-4196 for re-admission.

#### Application Procedure

Complete the following Undergraduate Application for Admission and mail it with a check or money order payable to Fitchburg State College. The nonrefundable application fee is \$10.

Please print your social security or passport number on the check or money order. **Do not send cash.**

All applications and supporting credentials should be sent to:  
Office of Admissions  
Fitchburg State College  
160 Pearl Street  
Fitchburg, MA 01420-2697

#### Certificate and Vocational Teacher Approval Program Applicants

1. Applicants must submit an official high school transcript.
2. Applicants must submit an official transcript from each of the college(s) previously attended. Hand-delivered transcripts will not be accepted.

(Please fill out this application in its entirety and sign. Please type or print clearly in ink.)

Last Name (legal name): \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden/Other Name: \_\_\_\_\_

Mailing Address (P.O. Box, RFD, Street): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip code : \_\_\_\_\_ Country: \_\_\_\_\_

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Gender\*  Male  Female Date of Birth\* Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Social Security or Passport Number: \_\_\_\_\_

I am  I am not a U.S. citizen. Non U.S. citizens: Name country of origin: \_\_\_\_\_

Permanent residents/aliens: Give Alien Registration number and submit a copy of your Alien Registration card with this application:  
\_\_\_\_\_

If you are not a U.S. citizen or permanent resident, what is your current visa classification? (attach a photocopy of your visa, I-94 and passport to this application.)  F-1  F-2  J-1  J-2  B-1  B-2  Other: \_\_\_\_\_

Race/Ethnicity\*  Asian or Pacific Islander  Black, Non-Hispanic  American Indian or Alaskan Native  Hispanic  
 Cape Verdean  White, Non-Hispanic  Other: \_\_\_\_\_

I have applied for admission previously. \_\_\_\_\_ / \_\_\_\_\_ (semester/year)  I have not applied for admission previously.

*\*For reporting purposes only*

Name of High School \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

I earned a GED on month \_\_\_\_\_ year \_\_\_\_\_ From which state? \_\_\_\_\_

Desired Program (see below): \_\_\_\_\_ Program Code: CERT - \_\_\_\_\_

Veteran (veterans who wish to receive college credit for military time served must submit forms DD-214 and DD-295)

Active Duty/Reserve Military Branch: \_\_\_\_\_  National Guard Which state? \_\_\_\_\_

I plan to enroll as a:  Freshman  Transfer I plan to attend:  Full-Time  Part-Time

I wish to begin my studies at Fitchburg State during the:  Fall Semester (September)  Spring Semester (January)

I have taken college courses or will have taken college courses prior to enrolling at Fitchburg State:  Yes  No

Highest College Degree Earned  Associate Degree  Associate Degree from a community college

Bachelor's Degree  Other: \_\_\_\_\_

Please indicate below any college courses you are currently taking or will be completing before you enter Fitchburg State College.  
(Include name of institution, class name, course number, date course will end, and credit hours.)

1. \_\_\_\_\_

2. \_\_\_\_\_

My last date of college attendance was or will be Month/Year \_\_\_\_/\_\_\_\_.

I understand that information about applicants furnished to Fitchburg State College will be kept confidential and will be released only to public higher education system personnel authorized by the Massachusetts Board of Higher Education. I hereby certify that the information furnished on the application form is complete and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Codes (select one)**

Please record the appropriate letter code on the line provided above.

CERT - BSAD	Business
CERT - CAPC	Applied Programming
CERT - CDBS	Database Systems
CERT - CHDW	Computer Hardware
CERT - CJAP	Java Programming
CERT - CMIC	Microsoft Foundation
CERT - CPHL	Programming High Level Languages
CERT - CSWE	Software Engineering
CERT - CUAC	Computer Use and Applications
CERT - CWEB	Web Development
CERT - PLAS	Plastics Technology (NYPRO)
CERT - VOTE	Vocational Technical Teacher Approval
CERT - OFAD	Office Administration

**Admissions Office Hours**

Monday–Thursday ..... 8:00 AM–6:30 PM

Friday ..... 8:00 AM–5:00 PM

**Registration Hours**

Monday–Thursday ..... 8:00 AM–7:00 PM

Friday ..... 8:00 AM–5:00 PM

**Contact Information**

College Web site:..... www.fsc.edu

Admissions E-mail:..... admissions@fsc.edu

Registrar E-mail:..... registrar@fsc.edu

Admissions ..... (800) 705-9692

Admissions Fax ..... (978) 665-4540

Campus Operator ..... (978) 345-2151

Continuing Education ..... (978) 665-3182

Registrar ..... (978) 665-4196

TTY ..... (978) 665-3575