



Castleton

A VERMONT UNIVERSITY

GRADUATE APPLICATION FOR ADMISSIONS

Office of Admissions
Castleton University
86 Seminary Street
Castleton, Vermont 05735

1-800-639-8521
802-468-1213
fax: 802-468-1476
www.castleton.edu

2020-2021

Online applications are welcome
castleton.edu/admissions

Please refer to the website for additional supplemental items needed for admission and specific program requirements. (castleton.edu/graduate)

BIOGRAPHICAL INFORMATION

Preferred title: Mr. ____ Mrs. ____ Ms. ____ Other ____ If you have academic records under another name, please indicate _____

Legal Name _____
Last Name First Name/Given Name Middle Suffix

Permanent address _____

City _____ State/Province _____ Zip code _____ Country _____

Mailing address (if different from above) _____

City _____ State/Province _____ Zip code _____ Country _____

Phone (home) _____ (work) _____ (mobile) _____

Present occupation/job title _____ Applicant E-mail _____

Social security number (U.S.) _____ Date of birth ____/____/____ Sex: Male ____ Female ____

State of legal residence _____ Gender Identity: _____

Are you a U.S. citizen? Yes ____ No ____ (If no, country of citizenship) _____ Country of birth _____

Are you a resident alien? Yes ____ No ____ Primary language spoken at home, other than English _____

Have you ever been convicted of a felony, misdemeanor, or other crime? Yes ____ No ____ If yes, please attach a detailed explanation.

Have you ever been suspended from an institution? Yes ____ No ____ If yes, please attach a detailed explanation.

Have you previously enrolled at Castleton? Yes ____ No ____ If yes, when _____

Will you be applying for a graduate assistant position? Yes ____ No ____ If yes, what department _____

Will you be receiving Veteran's benefits? Yes ____ No ____

How did you first learn about Castleton? Admissions Representative ____ Alumnus/Alumna ____ College Fair ____ Employer ____

Publication ____ Radio ____ School Counselor ____ Social Media ____ Student ____ Teacher ____ Website ____

Other ____ Name _____

Names of relatives who have or are currently attending Castleton _____

ETHNICITY

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college community, to describe the racial/ethnic backgrounds of our students and employees. In order to respond accurately to these requests, we ask that you provide us with the following information. Please answer both questions:

1) Are you Hispanic/Latino? Yes ____ No ____

2) Select one or more from the following to describe your racial background: American Indian/Alaskan Native ____ Asian ____

Black or African American ____ Native Hawaiian or Pacific Islander ____ White ____

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



List in chronological order all colleges and universities attended. You must request that official transcripts be sent directly from the institution to the Castleton Admissions Office. Use an additional sheet if necessary.

| INSTITUTION | DATE OF ATTENDANCE | MAJOR | NAME OF DIPLOMA | DATE RECEIVED |
|-------------|--------------------|-------|-----------------|---------------|
| | | | | |

Names of persons who will be submitting letters of recommendations:

| NAME | ADDRESS | POSITION | PHONE NUMBER |
|------|---------|----------|--------------|
| | | | |

Employment Record:

| ORGANIZATION | ADDRESS | POSITION | DATES EMPLOYED |
|--------------|---------|----------|----------------|
| | | | |
| | | | |
| | | | |

PROGRAM APPLICATION

What is your program of application?

- Master of Arts and Certificate of Advanced School Psychology
- Master of Arts in Education: Curriculum and Instruction
- Master of Arts in Education: Special Education
- Master of Arts in Educational Leadership
- Master of Athletic Training (must apply through ATCAS)
- Master of Business Administration
 - Accounting
 - Analytics
 - Healthcare Administration
 - Leading Organizational Change
 - Media and Communication
- Master of Music Education (starts in summer only)
- Master of Science in Athletic Leadership
- Continuing Education - School Principal Endorsement
- Master of Science in Nursing

When do you hope to enroll at Castleton? Please select one.

Spring

Summer

Fall

Do you hold any teaching, administrative or counseling licenses? Yes No If yes, please list below.

If you have spoken or corresponded with any member of the Castleton University faculty regarding your application, please list name(s) and approximate date(s) _____



NON-DISCRIMINATION, EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION

Every member of Castleton University should work to ensure non-discriminatory processes and practices with faculty, staff, and students.

Qualified students are recruited for, admitted to, and participate in all college programs without discrimination on the basis of race, color, gender, sexual orientation, religion, creed, national origin, age, veteran status, or disability. The university will provide reasonable accommodations to create equal opportunity for students with known disabilities.

Faculty, administrators, and staff are employed without discrimination on the basis of race, color, gender, sexual orientation, religion, creed, national origin, age, veteran status, or disability unrelated to job requirements. The university will make reasonable accommodations to the known disability of an otherwise qualified applicant or employee. Additionally, the university will engage in affirmative efforts to recruit, admit, and support students, and to recruit, employ, and support employees, in order to achieve the diversity which advances the educational mission.

Castleton University complies with state and federal laws related to equal opportunity and non-discrimination. Any question or complaint about potential or perceived discrimination in violation of any state or federal law should be directed to Janet Hazelton, Equal Opportunity Officer, Woodruff Hall, (802) 468-1208; or the Vermont State Colleges Office of the Chancellor in Montpelier; or the Vermont Office of the Attorney General; or the Equal Opportunity Employment Commission in Washington, D.C. Please contact Janet Hazelton, Equal Opportunity Officer, if auxiliary aid or service is needed to apply for admission or employment.

STUDENT RIGHT-TO-KNOW/CAMPUS CRIME

The United States Department of Education requires colleges and universities to make available annual statistics on our student’s continuation and graduation rates. Contact the Admissions or Communications offices for this information. Additionally, Castleton’s annual security report provides information about the operation of the University’s Public Safety Department; university safety and security, alcohol and drug, and sexual assault policies; and campus crime statistics for a variety of crimes including murder, manslaughter, sex offenses, robbery, burglary, and motor vehicle theft, along with information regarding on-campus alcohol, drug, and weapons violations. The report is available on the university’s web site.

I HEREBY DECLARE

The information submitted on this form is true and correct to the best of my knowledge. I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation at Castleton. With this in mind, I certify that the above statements are correct and complete.

I understand that, if admitted, I will be required to submit a completed health form including a record of immunizations as required by Vermont State Statute, in order to register for classes.

I understand that Castleton University may wish from time to time to provide public notice of certain student accomplishments and/or to use photographs of students for publications in various types of college promotional material. I do hereby give my permission to Castleton University to provide public notice of my accomplishments as it may feel appropriate, and/or to use my photograph, without compensation, in published promotional material. If you do not grant permission please attached a signed letter requesting us to withhold public use of name and photo. Not attaching a note signifies acceptance.

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. In consideration of the undertaking by the Admissions Office to process this form, the undersigned agree that the information furnished on this application for admission form, together with all information and materials of any kind received by the Admissions Office from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed except as provided by PL 93-380 “Family Rights and Privacy Act.”

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation at a Vermont State College institution. I certify that the above statements are correct and complete.

The information submitted on this form is true and correct to the best of my knowledge. I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation in Castleton University. With this in mind, I certify that the above statements are correct and complete.

Applicant’s Signature _____

Date _____

Please enclose a \$40 application fee, payable by check or money order to Castleton University.

