



Cambridge
College

National Institute for Teaching Excellence

Application

Application Checklist Please follow instructions and use forms in this booklet

- Application form
- \$30 application fee
- Request official transcripts (international transcripts must also be translated and evaluated)
- Transfer credit request form (if desired)
- Proof of RN license (School Nurse program only)
- Current Résumé
- Personal statement
- Two letters of reference

Additional Requirements—Massachusetts only

- Immunizations (form provided)
- Health Insurance



California • Georgia • Puerto Rico • Tennessee • Virginia • Massachusetts
Inland Empire Augusta San Juan Memphis Chesapeake Cambridge main campus
Merrimack Valley • Springfield

Cambridge College School of Education • National Institute for Teaching Excellence
1000 Massachusetts Avenue • Cambridge, MA 02138 • 617-868-1000 • www.cambridgecollege.edu



Cambridge
College

for working adults

Welcome Students

Cambridge College welcomes adult students based on motivation, prior life achievement, and commitment to realizing life goals, rather than on the results of standardized entrance exams. An interview with your admissions counselor and review of your file establish whether or not Cambridge College is right for you, and whether or not you are ready for Cambridge College. Some programs have specific assessment and admission requirements.

Please Call and Ask for an Admissions Counselor

NITE 1-800-877-4723 x1107

Admissions counselors serve as the first point of contact for prospective students and applicants to the College. They counsel students about Cambridge College and how to complete the application process. Admissions counselors will refer applicants and new students to appropriate parties for assessment (e.g. writing, placement), advising, registration, etc.

Students accepted into a degree or certificate program will find academic advising resources listed on their academic record that they can access through the MyCC web portal.

Cambridge College Mission and Values

Mission — To provide academically excellent, time-efficient, and cost-effective higher education for a diverse population of working adults for whom those opportunities may have been limited or denied.

Values — Cambridge College is a responsive learning community, where working adults can find ways to make the personal and professional changes they need to achieve their goals. Learning at Cambridge College takes place in an atmosphere of true diversity, where students support each other in a collaborative learning process that respects their needs and values, their prior learning and life experiences. The College's innovative adult-centered learning model links theory and practice, helping students to acquire the academic credentials they seek, enrich their lives and careers, and become leaders in their communities.

Equal Opportunity

Cambridge College is an equal opportunity institution committed to providing a diverse academic environment for its students, faculty, and staff. We welcome a diverse student body and academic community regardless of race, color, national origin, citizenship, religion, marital status, gender, sexual identity, sexual orientation, genetic information, veteran's status, pregnancy, disability, age, or any other legally protected status.

Accreditation and State Approvals

Cambridge College is accredited by the New England Association of Schools and Colleges, Inc. (NEASC) through its Commission on Institutions of Higher Education.

Cambridge College and its programs are authorized in Massachusetts. The College is approved to operate and offer selected academic programs in California, Georgia, Tennessee, Virginia, and Puerto Rico.

Make an Informed Decision

Applicants are responsible for reading the Cambridge College catalog to get the information needed to make an informed program choice.

Please see the Cambridge College Academic Catalog at www.cambridgecollege.edu/ for more information, including program requirements and policies, tuition and fees, and refund policies.

2012 NITE Programs

All programs offered by Cambridge College's National Institute for Teaching Excellence are non-licensure, focusing on professional advancement for current teachers and school nurses. Licensure programs are no longer offered through NITE. (Licensure programs are available at our main campus and most Cambridge College regional centers.)

This Publication has been prepared from the best information available at the time of printing. All information may be subject to change without notice.

Contact Us

Cambridge, MA — Main Offices, Locations and Contacts

Main Building, Main Offices • 1000 Massachusetts Avenue
Admissions • 1000 Massachusetts Avenue
School of Education • 80 Prospect Street
Website • www.cambridgecollege.edu

Admissions 800-877-4723 x1107 ada.robinson@cambridgecollege.edu
Admissions Records 617-873-0447 admissionrecords@cambridgecollege.edu
Bursar 617-868-1000 x1326 bursars@cambridgecollege.edu
Disability Support 617-873-1191 rebecca.shiels@cambridgecollege.edu
Financial Aid 617-873-0440 financialaidweb@cambridgecollege.edu
International Students 617-873-0142 jessyca.feliciano@cambridgecollege.edu
Registrar 617-873-0101 registrar@cambridgecollege.edu
Transfer Credit 617-873-0143 transfercredit@cambridgecollege.edu

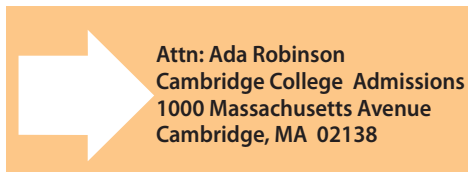


Application Process & Policies *Must Read*

Application Forms and Instructions

Applications are available online at www.cambridgecollege.edu/admissions/application_main.cfm/ and printed booklets are available from admissions counselors.

Send Completed Application & All Materials to:



Your admission file must be **COMPLETE** before:

- Financial aid may be awarded.
- Transfer credit may be evaluated.
- You may register for courses.

Application Dates

Applicants are admitted when applications and supporting materials are received and processed. Please submit all your materials by **May 15** (priority date); applications received later will be accepted on a space available basis.

(Please note: Cambridge College reserves the right to deny a student admission. Submission of all required materials does not guarantee admission.)

Admissions Materials

Cambridge College requires all admissions materials to be submitted and approved as official in order for a student to be accepted and register.

Admissions documents must be submitted in English. All materials become the property of Cambridge College and cannot be returned to the student. Access to these materials is limited under the Family Educational Rights and Privacy Act of 1974 (FERPA). Submitted reference letters that have been designated confidential will not be available to the student.

Keep copies of your completed application and other items you submit. Application materials may not be returned, duplicated for personal use, or forwarded.

International Transcripts

Students who have received degrees from other countries are required to submit an official copy of all records of academic course work accompanied by an official English translation. This includes secondary school records with courses taken and grades received (if applicable); records from each college or university attended showing the number of lecture and/or laboratory hours taken and grades received, official documents verifying the awarding of all secondary diploma, degrees and/or academic certificates with the title and date awarded. All applicants must have their credentials evaluated by an accredited professional evaluation service. Suggested agencies include:

- Center for Educational Documentation, 617-338-7171, www.cedevaluations.com/.
- World Education Services, 212-966-6311, www.wes.org/.

Returning Applicants

Reapplication — Students who have an **incomplete application**, and have not been admitted, then wish to enroll. These students have up to three terms within a year, or a year (but no longer than a year) to request deferment to another term. They must complete the application process before being admitted. After a year, documents are disposed of and they must reapply.

Reactivation — Students who complete the application process, do not register, then wish to enroll. These students have up to three terms within a year, or a year (but no longer than a year) to request deferment to another term. After a year, documents are disposed of and they must reapply.

New Degree — Students who wish to complete a degree (or certificate) different from their current or past degree must reapply through the admissions office, indicating the new degree on their admissions application and submitting all application materials.

Students Returning After Five Years

Students who withdraw any time after their initial registration, and wish to return after more than five years need to reapply with all materials through the admissions office.

Student PIN

Cambridge College assigns a Personal Identification Number (PIN) upon acceptance. The PIN provides accepted students password access to the MyCC web portal for web registration and personal accounts, and academic resources including the online library. If a student forgets his/her PIN the Registrar's Office will provide the PIN, upon verification of student identity by calling 617-873-0101.

Orientation, Assessment & Support

Orientation

Mandatory orientation sessions are held shortly before each term begins. Ask your admissions counselor for dates. Please attend orientation to receive academic advising before you register for classes. Your admissions counselor can put you in touch with a faculty advisor to assist you with registration.

Assessment and Support

Most Cambridge College programs conduct a writing/analytical skills assessment early in the first term. If the assessment indicates need, your seminar leader/academic advisor will refer you to appropriate courses which may be required at additional cost, and to the College's writing support center.

Cambridge College Admissions Requirements
School of Education
All admissions documents must be submitted in English.

MEd *non-licensure*

Application Form Complete carefully and *sign*.

\$30 Application Fee (Non-refundable)

Check or money order payable to Cambridge College; if applying online, payment is made online.

Official Transcripts

Degree earned at a regionally accredited college or university:

- MEd applicants: Bachelor's degree.

You must request an official transcript, to be mailed directly to Cambridge College; we must receive it **sealed and unopened**. Only official transcripts are accepted. International transcripts must be translated and evaluated.

Transfer Credit Request Form

If you want prior graduate course work evaluated for transfer credit, please complete the request form and send it with course descriptions or syllabi to the Transfer Credit Office. Photocopies of course descriptions or syllabi must also clearly show the college's name; write your name and date of birth on each copy.

Documentation of Licensure

If you have a current educator's license/credential, a photocopy is required.

School Nurse Education—Registered nursing license (RN) ; proof required.

Additional Requirements — Massachusetts only

Required by law in order to register and attend classes at Cambridge, Springfield and Merrimack Valley centers.

Health Insurance Full or three-quarter time students must provide proof of qualifying insurance, or enroll in Cambridge College-sponsored student health plan. See edu/admissions/health_insurance.cfm/.

Immunizations Full-time students please see application booklet or www.cambridgecollege.edu/admissions/application_main.cfm/.

Current Résumé

- All programs: Three years work experience recommended.

Personal Statement

Write a two page typed, double-spaced essay (500 words) describing your professional experience, your goals and objectives for graduate study and for educator licensure. How do you expect your graduate studies to apply to your school and enhance your future career? *Keep an electronic copy to share with your seminar leader (academic advisor). It will be the first entry in your portfolio of learning. This portfolio may be used for program assessment.*

Two Letters of Reference





Today's Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

Desired Entry Date

<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="text"/>	<input type="text"/>	<input type="text"/>
Term			Year		

For office use only

Date _____

Type of payment _____

Counselor _____

Student ID _____

Academic program desired

Program title (print clearly) _____

Full time or part time study

- Full time study**
Undergraduate: 12 credits/term
Graduate: 8 credits/term
- Part time study**

Degree desired

- Bachelor's degree
- Master of Education
- Master of Management
- CAGS
- EdD: please request separate application
- Undecided

Non-degree study

- Taking individual courses
- Undergraduate certificate
- Graduate certificate (not CAGS)
- Other _____

Cambridge College Center

- | | |
|--|---|
| <input type="checkbox"/> Cambridge, MA | <input type="checkbox"/> Memphis, TN |
| <input type="checkbox"/> Augusta, GA | <input type="checkbox"/> Merrimack Valley, MA |
| <input type="checkbox"/> Chesapeake, VA | <input type="checkbox"/> San Juan, PR |
| <input type="checkbox"/> Inland Empire, CA | <input type="checkbox"/> Springfield, MA |
| <input type="checkbox"/> Other _____ | |

Personal & Contact Information (your documented legal name as it would appear on your academic records)

Last name _____ First name _____ Middle initial _____

PLEASE PRINT CLEARLY

Preferred mode of communication phone e-mail

Home telephone _____

Former name if applicable _____

Alternate telephone cell work _____

E-mail home work _____

Address _____ Apt _____

City _____ State _____ Zip _____

Country _____

Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year				

Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All data provided will be kept confidential. Social security number is not a condition of enrollment, but if not provided there may be delays because of legal reporting requirements. SSN is needed for students entering licensure programs.

Are you Female or Male ?

Colleges are asked by government agencies, accrediting associations, college guides, newspapers, and their own college communities, to describe the demographic profile of their students. Your responses will be used only for statistical purposes and will be kept confidential.

Is English your primary language?

Yes No—please specify below: _____

Do you consider yourself to be of Hispanic, Latino or Spanish origin? Yes No

Please check one or more of the following categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

What is the highest level of education either of your parents completed?

- Below high school or unknown
- Some high school
- High school diploma or GED
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate/professional degree

How did you learn about Cambridge College?

- Subway or bus poster* Info session*
- Newspaper/magazine ad* Radio ad*
- Online ad or web site* Mailed brochure*
- Student/alumnus referral* Other*

*Please specify: _____

Professional Work Experience

- Currently employed Specific _____
- or most recent position job title _____

Field of current occupation _____

Your employer _____

Employer address _____

City _____ State _____

Years at this position

Total years of professional work experience

Citizenship

Country of citizenship: U.S. Other _____

Country of birth _____

Educational History Official transcript must be sent directly from the institution to Cambridge College.

CAGS applicants: please list and provide official transcripts of both your bachelor's and master's degrees.

- High school diploma
- Bachelor's degree
- CAGS
- GED
- Master's degree
- Other
- Associate's degree

Major/field of study _____

High School or College/university _____ location _____ dates (from/to) _____ degree completed _____

College/university _____ location _____ dates (from/to) _____ degree completed _____

Undergraduate applicants: Have you ever attended another college/university? Yes No
Are you requesting evaluation of transfer credit? Yes No

Transcripts for Transfer Credit Evaluation Please list all accredited colleges you attended and request **official transcripts (must be sent directly from the institution to Cambridge College).**

College/university _____ location _____ dates (from/to) _____ credits earned _____

College/university _____ location _____ dates (from/to) _____ credits earned _____

College/university _____ location _____ dates (from/to) _____ credits earned _____

Please note: _____ total credits _____
 International transcripts must be translated and evaluated by authorized agencies Quarter-hours
 Course descriptions or syllabi also required for transfer of required graduate courses Semester-hours

School of Education Applicants — Licensure/Certification

Current license/certificate you have now

- Yes, describe below; photocopy required.
- None

License number _____

State _____

Subject area _____

Grade Level _____

- Preliminary
- Initial
- Professional
- Temporary

Other _____

License/certificate you wish to earn

- Yes, describe below
- None

State _____

Subject area _____

Grade Level _____

- Preliminary
- Initial
- Professional
- Temporary

Other _____

Read carefully and sign

Financial Aid Are you applying for financial aid? Yes No If yes, please call the Financial Aid Office at 617-873-0440. If you have defaulted federal loans, you cannot receive government loans unless satisfactory arrangements have been made with the holder of the defaulted loan. You must fill out a financial aid application (FAFSA) in order to be considered for a scholarship or loan. Cambridge College verifies student information supplied on the FAFSA.

I certify that I have read and understand the information in this application booklet and that the information I have supplied is true and complete to the best of my knowledge. Students found to have supplied false information will be denied admission or, if admitted, face immediate disenrollment.

Applicants are responsible for reading the academic catalog and getting all the information needed to make informed decisions.

Signature _____

Date _____

Please note: Occasionally photos and videos are taken of classes and other College activities to show others what they are like. I hereby give Cambridge College permission to use such images of myself in College activities for public relations, marketing, and other purposes.

Signature _____
(optional)

U.S. Armed Forces

I am:

- A veteran
- On active duty
- A reservist
- A dependent

Branch:

- Air Force
- Army
- Coast Guard
- Marines
- Navy

Please enclose application fee and mail to:

Attn: Ada Robinson
Cambridge College Admissions
1000 Massachusetts Avenue
Cambridge, MA 02138



Request for Transfer/Waiver of Graduate Courses

The Transfer Credit Office reserves the right to require this mandatory form and other documentation for evaluation of any external course work not applied to a prior degree. Required documents include:

- **This request for transfer form** — If you wish to transfer courses into a *graduate or post-graduate* program.
- **Your official transcript(s)**
- **Course description(s) or syllabi** — Photocopies must clearly show the college's name. Write your name and date of birth on each copy.

Last name _____ First name _____ Middle initial _____

Student ID# (if known yet) _____

Date _____

Desired entry date/term _____

Your academic program

Write full title of your program/concentration

- Master of Education
- Certificate of Advanced Graduate Studies
- Doctor of Education
- Master of Management

List below the courses you would like to transfer in to your Cambridge College degree program.

Institution	Course #	Course Title	Grade	# of credits	Cambridge College course number & title

Some key criteria for transfer credit

Graduate courses must have been earned within the specified time period from a regionally accredited institution authorized to grant graduate degrees. Grade of B or better required (B-minus is not acceptable). Courses must be completed before enrolling in Cambridge College, and courses cannot be transferred if awarded toward another degree. Courses must meet current program requirements.

For more transfer credit information, please see the academic catalog at cambridgecollege.edu/.

I will submit

This form, along with official graduate academic transcripts, in addition to my official undergraduate transcript of degree conferred.

I am aware that

- I must have my official transcripts sent to my center's Admissions Office. Only official transcripts are evaluated for transfer credit.
- Courses must meet all criteria for transfer and current program requirements, and that these are subject to change without notice. I have read the current program chart and the transfer credit section of the academic catalog.
- All credits are subject to review and approval by the Transfer Credit Office and the dean or program coordinator.
- I should not register for any required course that I hope to fulfill with a transfer course, until I receive my transfer credit evaluation.
- If my credits are deemed unacceptable or insufficient for any reason, I will be required to earn those credits at Cambridge College.

Signature _____

Date _____

Please mail to:

Cambridge College Admissions
 Attn: Ada Robinson
 1000 Massachusetts Avenue
 Cambridge, MA 02138

Or fax to 617-868-1124

Candidate Must Fill Out Completely

Last name _____ First name _____

Major _____ Student ID# if known _____

Please mail to: _____ **Attn: Ada Robinson**
Your admissions counselor's name if known

Mailing address at the Cambridge _____ **Cambridge College Admissions**
 College center you plan to attend _____ **1000 Massachusetts Avenue, Cambridge, MA 02138**

I authorize the faculty reference named below to provide an evaluation/letter of reference of me to Cambridge College. I understand that federal legislation provides me the right to access this information and that I may waive this right but no school or person can require me to do so.

I hereby waive do not waive my right to access this information.

Signature _____ Date _____

Professional Reference

Please give your candid evaluation of the candidate. The more specifically you assess the skills, strengths, and weaknesses, the more useful this letter of reference will be to the Admissions Committee. The following questions suggest the kind of information we are seeking. Please write two or three paragraphs.

- How long have you known the candidate and in what capacity?
- What are the candidate's strongest skills and how would you assess the candidate's overall strengths and weaknesses?
- How well do you think the candidate has considered plans for college study, and how would you assess the candidate's motivation for study?
- Individualized MEd candidates — please evaluate the candidate's ability to work independently.



Please complete this chart.

Attribute	Outstanding	Above Average	Average	Below Average	Very Poor	No Basis for Evaluation
Character						
Self-motivation						
Level of professional performance						
Ability to work with others						
Ability to work in chosen field						

Reference Provider Please Complete

Name _____ Relationship to candidate _____

Profession and title _____

Address _____

Name of company, school, or organization _____

Signature _____ Date _____

Candidate Must Fill Out Completely

Last name _____ First name _____

Major _____ Student ID# if known _____

Please mail to: _____ **Attn: Ada Robinson**
Your admissions counselor's name if known

Mailing address at the Cambridge _____ **Cambridge College Admissions**
 College center you plan to attend _____ **1000 Massachusetts Avenue, Cambridge, MA 02138**

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Character						
Self-motivation						
Level of professional performance						
Ability to work with others						
Ability to work in chosen field						

Reference Provider Please Complete

Name _____ Relationship to candidate _____

Profession and title _____

Address _____

Name of company, school, or organization _____

Signature _____ Date _____

To comply with state law, all new students at Cambridge College locations in Massachusetts **MUST** complete this form—even if you are exempt—before beginning classes.

Please **SIGN** this form: *Student and physician or nurse.*

Please Type or Print Clearly

Last Name	First Name																														
Address	Apt. no.																														
City	State Zip																														
Home phone ()	Work phone ()																														
SSN (optional) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td></tr></table>											Date of birth <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td><td style="width: 10px;"> </td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td colspan="7"></td></tr></table>											Month	Day	Year							
Month	Day	Year																													
Maiden or former name	Academic program																														
Student signature	Date (MM-DD-YY)																														

Please complete, sign, and return to:



Your admissions counselor or
Cambridge College
1000 Massachusetts Avenue
Cambridge, MA 02138

Immunizations Required

Please check one (unless you are exempt; see at right). Get all immunizations listed below prior to beginning classes, complete form and sign.

Full-time undergraduate students: 12 credits or more per term.
 Full-time graduate students: 8 credits or more per term.
 Health science students: part-time and full-time.
 International students and others attending or visiting the college on a student or other visa (part-time and full-time).

TWO MMR (Measles, Mumps, Rubella) vaccines

1: No earlier than one year after birth

Month	Year				

2: At least one month after the first

Month	Year				

OR serology tests (titers) that demonstrate immunity.
 OR birth before 1957 in the U.S.

ONE Tdap Booster (tetanus, diptheria, pertussis)
 OR Td booster (tetanus, diptheria) given within the past five years)

THREE Hepatitis B vaccines
 OR two-doses adolescent series
 OR serology test (titer) that demonstrates immunity

TWO varicella (chicken pox) vaccines
 OR history of varicella verified by your health care provider
 OR varicella titer that demonstrates immunity
 OR birth before 1980 in the U.S.

(Please note: having had a disease is not proof of immunity.)

Exemption The only circumstances in which you may be exempt from the Massachusetts College Immunization Law are:

Part-time study in programs other than health sciences:
Undergraduate: less than 12 credits per term.
Graduate & post-graduate: less than eight credits.

Birth before 1956

Your physician, who has personally examined you, is of the opinion that your health would be endangered by the required immunizations (explain below or on back of form):

Conflict with religious beliefs (written statement required; explain below or on back of form).

Make an appointment with your physician or school nurse to review your immunization records. If you are unable to locate accurate immunization records, you are required by law to get all the vaccinations and/or laboratory tests listed on this form. Please complete and sign this form at that time.

Physician or nurse name PLEASE PRINT Phone _____

Medical practice or school _____

Address _____

Signature _____ Date (MM-DD-YY) _____



Cambridge College

