

# Castleton

---

A V E R M O N T S T A T E C O L L E G E

2008-09

GRADUATE ADMISSIONS APPLICATION

ACT II

**Beginning Summer '08**  
**Post Baccalaureate Program for Teacher Licensure**

Office of Admissions  
Castleton State College  
Castleton, Vermont 05735  
[www.castleton.edu](http://www.castleton.edu)  
1- 800-639-8521

## Application Checklist

Your application will be complete when the Admissions Office has received the following:

- \_\_\_ A completed application for admission.
- \_\_\_ An application fee of \$35. (Check or money order payable to Castleton State College). Fee is non-refundable.
- \_\_\_ An essay of no more than two single spaced pages addressing why you want to teach, and your content knowledge and attitudes toward advocacy for children, collegueship, and accountability.
- \_\_\_ Three recommendations addressing your scholarship and potential to be an exemplary teacher, as well as your willingness to advocate for children, and potential for collegiality and accountability.
- \_\_\_ A current résumé.
- \_\_\_ Official transcripts of undergraduate (and graduate work if relevant) sent directly from the issuing institution to the Castleton State College Admissions Office. (Castleton State College transcripts will be obtained by the Admissions Office.)
- \_\_\_ Results of the Praxis I test (if available)

OR

GRE (Grade Record Exam) scores of: total score = 1100 verbal minimum score of 500 and quantitative minimum score of 500.

OR

SAT total score = 1100 with verbal minimum score of 500 and mathematics minimum score of 500 (for SAT scores prior to March 2005 only)

OR

ACT in English = 22 and ACT in mathematics = 22

- \_\_\_ Results of Praxis II (if available).

**For more information or assistance, call toll free 800-639-8521 or 802-468-1213.**

**Return to:  
Castleton State College, Admissions Office,  
Castleton, VT 05735**

# Castleton

A VERMONT STATE COLLEGE

## ACT II

### Post Baccalaureate Program for Teacher Licensure

Name \_\_\_\_\_  
Last First Middle

P.O. Box or Street City State Zip

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Preferred title  Mr.  Mrs.  Ms.

If you have academic records under another name, please indicate \_\_\_\_\_

Telephone number (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ e-mail \_\_\_\_\_

State of legal residence \_\_\_\_\_ County \_\_\_\_\_

Months of residency \_\_\_\_\_ Are you a U.S. citizen?  yes  no

Resident Alien?  yes  no (If yes, please provide copy of your green card with application.)

Have you ever been convicted of a felony?  yes  no If yes, give details on a separate sheet of paper.

Present occupation (include job title where applicable): \_\_\_\_\_

Have you ever previously applied to Castleton State College?  yes  no; If yes, when \_\_\_\_\_

Will you be receiving veteran's benefits?  yes  no

Will you be applying for financial aid?  yes  no

How did you first learn about Castleton?  Publication  College Fair  Website  Teacher  Student

Alumnus/Alumna  Guidance Counselor  Employer  Admissions Representative  Other

Please identify by name \_\_\_\_\_

Names of relatives who have or are currently attending Castleton. \_\_\_\_\_

The following information will be used for statistical purposes only. This section is optional.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black Non-Hispanic |
| <input type="checkbox"/> Hispanic/Latino                   | <input type="checkbox"/> White/Non-Hispanic     | <input type="checkbox"/> Non-Resident Alien |
| Date of birth ____/____/____                               | <input type="checkbox"/> Male                   | <input type="checkbox"/> Female             |

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	Dates of Attendance	Major	Name of Diploma	Date Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Honors or scholarly achievements \_\_\_\_\_  
\_\_\_\_\_

Names of persons who will be submitting letters of recommendation and recommendation forms.

Name	Address	Phone Number	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment record:

School/Organization	Location	Position	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Initial Licensure may be granted in one of the following areas.**

Post Baccalauriate with license in: (please check one)

- Elementary (K-6) Licensure
- Secondary (7-12) English Licensure
- Secondary (7-12) Mathematics Licensure
- Secondary (7-12) Science Licensure
- Secondary (7-12) Social Studies Licensure
- Secondary (7-12) Spanish Licensure
- Secondary (7-12) Theatre Arts Licensure
- Secondary (K-12) Art Licensure
- Secondary (K-12) Music Licensure
- Special Educator Licensure (K-21)

- Praxis I: Reading score: \_\_\_\_\_ Writing score \_\_\_\_\_ Math score \_\_\_\_\_ SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_  
ACT English \_\_\_\_\_ ACT Math \_\_\_\_\_
- Praxis I: Plan to take within first semester.
- Praxis II: Reading score: \_\_\_\_\_ Writing score \_\_\_\_\_ Math score \_\_\_\_\_ SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_  
ACT English \_\_\_\_\_ ACT Math \_\_\_\_\_
- Praxis II: Plan to take within first semester.

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

**Please remember to include your letter to the Admissions Committee with this application. See application checklist for special instructions.**

**NON-DISCRIMINATION, EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION**

Every member of Castleton State College 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 college 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 college will make reasonable accommodations to the known disability of an otherwise qualified applicant or employee. Additionally, the college 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 State College 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 Lyn Sawyer, Equal Opportunity Officer, Woodruff Hall, (802) 468-1208; or the Vermont State Colleges Office of the Chancellor in Waterbury; or the Vermont Office of the Attorney General; or the Equal Opportunity Employment Commission in Washington, D.C.

Please contact Lyn Sawyer, 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 students' continuation and graduation rates. Contact the Admissions or Communication Office for this information. Additionally Castleton's annual security report provides information about the operation of the College's Public Safety Department; college 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. Copies of the report may be obtained from the Admissions, Business, Communications, Public Safety, and Registrar's Office.

**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 in Castleton State College. 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 State College 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 State College 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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please enclose a \$35 application fee, payable by check or money order to Castleton State College.**

# Castleton

A VERMONT STATE COLLEGE

Office of Graduate Admissions

Castleton State College

Castleton, Vermont 05735

800-639-8521

[www.castleton.edu](http://www.castleton.edu)

# Castleton

A V E R M O N T S T A T E C O L L E G E

## REFERENCE FORM

*This section to be completed by applicant. (Please print or type.)*

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
P.O. Box/Street City State Zip

Reference for admission to: \_\_\_\_\_  
Program/concentration Degree sought

The Family Education Rights and Privacy Act of 1974 (P.L. 93-380) gives students access to information in their application files. However, to ensure that references will be free to write a candid letter of recommendation, an applicant may waive the right to see letters of reference. If you wish to voluntarily waive this right, please sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and address of reference (to be completed by applicant)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
P.O. Box/Street City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

continued on the back

Applicant's Name \_\_\_\_\_

1. Please complete the rating scale by placing checkmarks in the appropriate locations based on a comparison with other educators you have known.

	No basis for evaluation	Below Average	Average (top 50%)	Above Average (top 10%)	Outstanding (top 2%)
Character/personal integrity					
Critical thinking and intellectual capacity					
Competence as a teacher/educator					
Ability to work with others/interpersonal skills					
Capacity for self-reflective practice					
Oral expression					
Written expression					
Listening skills					
Leadership potential					
Sense of humor					
Receptivity to coaching and mentoring					
Work ethic					
Willingness to address conflict					
Sensitivity to diversity and inclusion					
Capacity for vision					
<b>OVERALL RATING</b>					

2. Please write a letter addressing the applicant's knowledge of content area, knowledge about teaching, collegue-ship, willingness to advocate for children and accountability. These characteristics reflect the five standards for professional educators. Please include your perceptions of the applicant as a future Vermont teacher.

3. Reference's name \_\_\_\_\_ Years in profession \_\_\_\_\_

School/organization \_\_\_\_\_

Current position \_\_\_\_\_ Years in current position \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

4. Signature of reference \_\_\_\_\_ Date \_\_\_\_\_

Castleton State College appreciates your evaluation of this applicant's capacity for success as a graduate student undertaking advanced study in the program noted on this form.

Please send this form directly to:

Castleton State College  
 Admissions Office  
 Wright House