

10. List activities in which you participated in college: dramatics, athletics, debating, music, social service, etc. *Please include offices and leadership positions held.* _____

11. List out-of-school leadership experiences: club work, volunteering, young people's groups, church groups, etc. _____

12. **References:** Please have each of 4 persons (2 academic, 2 field supervisors or 1 employer and 1 field supervisor) fill out and return an attached reference form. You will need to make photocopies of the blank form attached to this application to give to your references.

13.

Name

Position/Relationship

a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

13. Write an essay to inform the review committee of your particular interest in your career choice and why it meets your personal occupational objectives. Include related experiences you have had and demonstrate an understanding of the field.

14. Please include an updated resume.

Falsification of any information on this application may make the candidate ineligible for admission or subject to later separation if enrollment is affected.

Your signature _____ Date: _____

This application is incomplete unless signed.
Please Return to the RHDS Dept. Springfield College, 263 Alden St. Spfld, MA 01109
Application Deadline: February 15

Name of Reference _____

REHABILITATION AND DISABILITY STUDIES DEPARTMENT
SPRINGFIELD COLLEGE
ADVANCED SENIOR PROGRAMS
Springfield, Massachusetts 01109

To the applicant: As this reference form will be used solely for decisions regarding acceptance to take a specific program, and only read by College officials on a strictly confidential basis and in accordance with the option provided by the Family Educational Rights and Privacy Act of 1974, PL93-380, Section 438 as amended. I hereby voluntarily and irrevocably waive my right of access to the statement made below. I understand that whether or not this is signed, it will not prejudice my application for admission.

Applicant's Signature: _____ Date: _____

To the reference: The above named person has applied for an Advanced Senior status in the Springfield College _____ program. Your appraisal will be of assistance in review of the application. We shall appreciate your prompt completion and return of this form.

Please rate the applicant in terms of other students whom you have known on the following items.

	Upper 5%	Upper 25% but not upper 5%	Upper 50% but not upper 25%	Lower 50%	No basis for Rating
a. Intellectual Capacity					
b. Imagination and Creativity					
c. Breadth of General Knowledge					
d. Clarity and Precision in Oral Expression					
e. Interpersonal Relations					
f. Persistence					
g. Potential for Chosen Career					

Please give a general statement of the applicant's intellectual and personal qualifications for successfully completing the above academic program. Please use the reverse side of this form.

Signature: _____

Position: _____

Address: _____ Zip _____

Name of Reference _____

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