

---

# CURRY COLLEGE

DIVISION OF CONTINUING AND GRADUATE STUDIES

The seal of Curry College is a circular emblem. At the top, the words "CURRY COLLEGE" are written in an arc. In the center is a shield with a crest on top depicting a figure holding a staff. Below the shield, the text "Application for" is written in a cursive font.

*Application for*

## MASTER OF EDUCATION

*Admission*

FOUNDED  
1879

1071 Blue Hill Avenue, Milton, Massachusetts  
20 North Park Avenue, Plymouth, Massachusetts  
**[curry.edu/med](http://curry.edu/med)**

---



# CURRY COLLEGE

DIVISION OF CONTINUING AND GRADUATE STUDIES

## Milton Campus

1071 Blue Hill Ave, Milton, Massachusetts 02186  
Phone (617) 333-2364 • Fax (617) 979-3535

## Plymouth Campus

20 North Park Avenue, Plymouth, Massachusetts 02360  
Phone (508) 747-2424 • Fax (508) 746-2531

## APPLICATION INFORMATION – MASTER OF EDUCATION (M.Ed.) ELEMENTARY EDUCATION • SPECIAL EDUCATION

### Admission requirements:

- An earned Bachelor's Degree from an accredited institution
- Passing scores on the Massachusetts Tests for Educator Licensure (MTEL) Communication and Literacy Skills Test (CLST)
- Demonstrated ability to pass the MTEL General Curriculum Mathematics Subtest

### To apply to the M.Ed. Program, please complete the following.

#### Step 1. Submit your application along with these required application materials:

1. Your official undergraduate transcript and any graduate transcript(s) sent to Curry College in a sealed envelope directly from the academic institution(s)
2. Your current resume
3. A typed 2-3 page personal statement that describes your interest in becoming a teacher, what strengths you will bring to the M.Ed. program, any challenges you may face while in the program, and relevant life experiences that may have influenced your career choice
4. Two sealed letters of recommendation completed on the enclosed Curry M.Ed. Recommendation Form
  - One from an individual who has supervised you in a paid or volunteer work setting
  - One from an individual who is in a position to evaluate your potential for graduate education
5. A copy of your passing MTEL scores for Communication and Literacy Skills Test (CLST)
6. A copy of your score on the MTEL General Curriculum Math Subtest. A passing score on the Math Subtest is not required to apply to Curry's M.Ed. program; however you will need to pass this test prior to your student teaching Practicum.

#### Step 2. Meet with a member of the M.Ed. Admission Committee:

Upon receipt of your application, resume, personal statement, and letters of recommendation (items 1 through 4 above), the Graduate Studies office will begin processing your M.Ed. Application and will contact you to schedule an appointment for an Admission Interview. Although you must also submit your MTEL scores for the Mathematics and CLST, we urge you to forward items 1 through 4 above as early as possible, even if you do not yet have your other application materials completed.

### Mail your completed Application for Admission, along with your application materials as they become available, and a non-refundable application fee of \$50 payable to Curry College. Mail to the campus where you plan to attend classes:

Curry College  
Office of Graduate Studies

1071 Blue Hill Avenue, Milton, MA 02186

Curry College  
Office of Graduate Studies

20 North Park Avenue, Plymouth, MA 02360

### Application Deadlines:

- For a January program start: submit all materials by December 1 for priority consideration
- For a late August program start: submit all materials by July 15 for priority consideration

*All applications received after the priority deadline will be reviewed on a space available basis.*

### Financial Aid Eligibility and Information

To be considered for financial aid students must submit all required application materials (items 1 – 5 above) and be officially admitted into the M.Ed. program. In addition, students must maintain at least half-time enrollment status (3 credits per semester) in order to be eligible for Federal financial aid. Students should file their financial aid paperwork at least two weeks prior to the start of the term to allow sufficient time for processing. Please contact the Student Financial Services Office for further information at (617) 333-2354.

*Curry College is committed to a policy of equal opportunity in every aspect of its operations. The College values diversity and seeks talented students, faculty and staff from a variety of backgrounds. Curry College admits students of any race, color, national or ethnic origin, age, disability, gender, religion, sexual orientation, or veteran status to all the rights, privileges, programs and activities generally accorded or made available to all students at the school. It does not discriminate on the basis of any of these categories in the administration of its educational policies, scholarship or loan programs, athletic or other college administered programs. Inquiries regarding the College's nondiscrimination policies should be directed to: Director of Human Resources.*

*Curry College is committed to assisting all members of the College community in providing for their own safety and security. Information regarding campus security and personal safety including topics such as crime prevention, College law enforcement authority, crime reporting policies, crime statistics for the most recent three year period, and disciplinary procedures is available upon request from the Curry College Public Safety Office, 1071 Blue Hill Avenue, Milton, MA 02186 or by calling (617) 333-2232.*

This page intentionally left blank.

# CURRY COLLEGE

DIVISION OF CONTINUING AND GRADUATE STUDIES

## Milton Campus

1071 Blue Hill Ave, Milton, Massachusetts 02186  
Phone (617) 333-2364 • Fax (617) 979-3535

## Plymouth Campus

20 North Park Avenue, Plymouth, Massachusetts 02360  
Phone (508) 747-2424 • Fax (508) 746-2531

## APPLICATION FOR ADMISSION MASTER OF EDUCATION (M.Ed.)

Please complete this Application form, enclose a non-refundable fee of \$50.00 payable to Curry College and mail to the campus where you plan to attend classes:

Curry College  
Office of Graduate Studies  
1071 Blue Hill Avenue  
Milton, MA 02186

Curry College  
Office of Graduate Studies  
20 North Park Avenue  
Plymouth, MA 02360

Indicate the M.Ed. specialization to which you are applying:

Elementary Education     Special Education

Indicate the campus you wish to attend:

Milton     Plymouth

Indicate the semester you plan to enroll in the M.Ed. program:

Fall (Starts late August)  
 Spring (Starts in January)

Year you plan to start the M.Ed.: \_\_\_\_\_

*Please type or print in ink*

FULL NAME \_\_\_\_\_  
Last First Middle or Maiden

PERMANENT ADDRESS \_\_\_\_\_  
Number and Street City State Zip

MAILING ADDRESS \_\_\_\_\_  
(If different from permanent address) Number and Street City State Zip

EMAIL \_\_\_\_\_ TEL NO. Home ( ) \_\_\_\_\_  
Mobile ( ) \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

MALE     FEMALE    U.S. CITIZEN?  Yes  No    IF NO, COUNTRY OF CITIZENSHIP \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ ARE YOU A PERMANENT RESIDENT OF THE U.S.?  Yes  No

IS ENGLISH YOUR NATIVE LANGUAGE?  Yes  No    IF NO, NATIVE FIRST LANGUAGE \_\_\_\_\_

ARE YOU A VETERAN?  Yes  No

WOULD YOU LIKE TO IDENTIFY YOURSELF AS ONE OF THE FOLLOWING (optional):

Hispanic/Latino?  Yes  No

A member of one or more of the following races:

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

Please list all colleges and universities attended beginning with the most recent.

Name of College(s)	Location of College(s) City, State	Date of Attendance Month/Year From To	Major	Credits Completed

### CERTIFICATION

If you currently possess any type of teacher license, please complete the following and attach copies.

Date \_\_\_\_\_ Field & Level \_\_\_\_\_ Certificate or License # \_\_\_\_\_

Date \_\_\_\_\_ Field & Level \_\_\_\_\_ Certificate or License # \_\_\_\_\_

### MASSACHUSETTS TESTS FOR EDUCATOR LICENSURE (MTEL) DATES

Please indicate the date when you passed the MTEL Communications and Literacy Skills Test (CLST) or indicate the date you plan to take the CLST.

Month \_\_\_\_\_ Year \_\_\_\_\_

Please indicate the date when you took, or plan to take, the MTEL General Curriculum Math Subtest.

Month \_\_\_\_\_ Year \_\_\_\_\_

Curry College understands the importance of maintaining your privacy. On occasion, however, the College may receive information related to your academic progress, such as MTEL scores. By signing this release, you are giving permission to Curry's Licensure Officer to share such confidential information with key Curry College administrators and/or faculty within your academic program.

I do/do not (circle one) give permission to the Licensure Officer to share confidential MTEL information with key administrators and faculty in my academic program.

Have you ever been suspended or expelled from a post-secondary institution, whether related to academic misconduct or behavioral misconduct?  Yes  No

Have you ever been adjudicated guilty or convicted of a felony?  Yes  No

Within the last five years, have you ever been adjudicated guilty or convicted of a misdemeanor, other than a first conviction of drunkenness, simple assault, speeding, a minor traffic violation, affray, or disturbance of the peace?  Yes  No

*(Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.)*

If you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the appropriate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

**Note: Applicants are expected to immediately notify the College in writing, to the attention of Continuing and Graduate Studies, 1071 Blue Hill Avenue, Milton, MA 02186, should there be any changes to the information requested in this application, including disciplinary history.**

*I certify that all information submitted in the admission process – including the application, the personal essay, any supplements, and any other supporting materials– is my own work, factually true, and honestly presented, and that these documents will become the property of the institution to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.*

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

# CURRY COLLEGE

DIVISION OF CONTINUING AND GRADUATE STUDIES

## Milton Campus

1071 Blue Hill Ave, Milton, Massachusetts 02186  
Phone (617) 333-2364 • Fax (617) 979-3535

## Plymouth Campus

20 North Park Avenue, Plymouth, Massachusetts 02360  
Phone (508) 747-2424 • Fax (508) 746-2531

## MASTER OF EDUCATION – RECOMMENDATION

### To the Applicant:

Please complete the top section of this form and deliver or mail the form to the person who will write your recommendation.

Recommendations should come from:

- An individual who has supervised you in a paid or volunteer work setting
- An individual who is in a position to evaluate your potential for graduate education

### To the Recommender:

Please return this form, with your signature across the seal of the envelope, to the appropriate campus:

Curry College, Graduate Studies  
1071 Blue Hill Avenue  
Milton, MA 02186

Curry College, Graduate Studies  
20 North Park Avenue  
Plymouth, MA 02360

*To be completed by the applicant:*

Applicant's Name \_\_\_\_\_  
Last First Middle or Maiden

Address \_\_\_\_\_  
Number and Street City State Zip

*Waiver of Access in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA)*

*If I agree to waive my right of access, Curry College will preserve the strict confidentiality of this document and it will be made available only to College officials. If I do not agree to waive my right of access, this report will be made available to me upon request if I enroll as a student at Curry College.*

\_\_\_ I waive access to this report which shall be considered confidential

\_\_\_ I do not waive access to this report which shall be considered non-confidential

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

*To be completed by the recommender:*

The person whose name appears above is seeking admission to the Curry College Master of Education program. Your candid assessment is an integral aspect of the Admission Committee's evaluation of the candidate. Thank you for taking the time to complete this form.

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Currently, what is your relationship with the applicant? \_\_\_\_\_

What are the applicant's greatest strengths and talents? \_\_\_\_\_

In what areas can the applicant improve? \_\_\_\_\_

Please give your appraisal of the applicant in terms of the qualities listed below. Rate the individual relative to others in his or her peer group.

	<b>Superior</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Unable to Judge</b>
<b>Interpersonal Skills/Teamwork</b>						
<b>Oral Communication Skills</b>						
<b>Written Communication Skills</b>						
<b>Leadership Potential</b>						
<b>Motivation/Initiative</b>						
<b>Analytical Ability</b>						
<b>Integrity</b>						
<b>Potential for Career Advancement</b>						
<b>Maturity</b>						
<b>Flexibility</b>						

Please share anything else about the applicant that you think would be helpful in our evaluation.  
(You may attach a letter if you wish.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Overall:

- Strongly Recommend  
  Recommend  
  Recommend with Reservation  
  Do Not Recommend



# CURRY COLLEGE

DIVISION OF CONTINUING AND GRADUATE STUDIES

## Milton Campus

1071 Blue Hill Avenue, Milton, Massachusetts 02186  
Phone (617) 333-2364 • Fax (617) 979-3535

## Plymouth Campus

20 North Park Avenue, Plymouth, Massachusetts 02360  
Phone (508) 747-2424 • Fax (508) 746-2531

## MASTER OF EDUCATION – RECOMMENDATION

### To the Applicant:

Please complete the top section of this form and deliver or mail the form to the person who will write your recommendation.

Recommendations should come from:

- An individual who has supervised you in a paid or volunteer work setting
- An individual who is in a position to evaluate your potential for graduate education

### To the Recommender:

Please return this form, with your signature across the seal of the envelope, to the appropriate campus:

Curry College, Graduate Studies  
1071 Blue Hill Avenue  
Milton, MA 02186

Curry College, Graduate Studies  
20 North Park Avenue  
Plymouth, MA 02360

*To be completed by the applicant:*

Applicant's Name \_\_\_\_\_  
Last First Middle or Maiden

Address \_\_\_\_\_  
Number and Street City State Zip

### Waiver of Access in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA)

*If I agree to waive my right of access, Curry College will preserve the strict confidentiality of this document and it will be made available only to College officials. If I do not agree to waive my right of access, this report will be made available to me upon request if I enroll as a student at Curry College.*

\_\_\_ I waive access to this report which shall be considered confidential

\_\_\_ I do not waive access to this report which shall be considered non-confidential

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

*To be completed by the recommender:*

The person whose name appears above is seeking admission to the Curry College Master of Education program. Your candid assessment is an integral aspect of the Admission Committee's evaluation of the candidate. Thank you for taking the time to complete this form.

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Currently, what is your relationship with the applicant? \_\_\_\_\_

What are the applicant's greatest strengths and talents? \_\_\_\_\_

In what areas can the applicant improve? \_\_\_\_\_

Please give your appraisal of the applicant in terms of the qualities listed below. Rate the individual relative to others in his or her peer group.

	Superior	Excellent	Good	Average	Below Average	Unable to Judge
Interpersonal Skills/Teamwork						
Oral Communication Skills						
Written Communication Skills						
Leadership Potential						
Motivation/Initiative						
Analytical Ability						
Integrity						
Potential for Career Advancement						
Maturity						
Flexibility						

Please share anything else about the applicant that you think would be helpful in our evaluation.  
(You may attach a letter if you wish.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Overall:

- Strongly Recommend  
  Recommend  
  Recommend with Reservation  
  Do Not Recommend



