GRADUATE APPLICATION

COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE

Master of Engineering
COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Engineering

DIRECTIONS FOR APPLICATION TO GRADUATE STUDY

The Center for Graduate and Adult Academic Services and the College of Engineering welcome your application for graduate study at the University of Hartford. In order to be considered for the graduate program in engineering, you must complete the items listed in the CHECKLIST below. The Admissions Committee will review applications in the order in which they are received.

This package contains an application form and two recommendation forms.

☐ Complete and sign the Application for Graduate Admission form.

☐ Submit the nonrefundable application fee—$45 for domestic applicants, $45 for international applicants—payable to the University of Hartford.

☐ Write a letter of intent of one or two typed pages to the Director of Graduate Studies, describing your professional and career goals and how you expect graduate study to help accomplish them. If you have significant work experience, your current résumé may be sent in lieu of this requirement.

☐ Obtain official transcripts of all college and university courses and grades. Our program prefers applicants to have completed a bachelor’s degree in engineering. * You should request that the transcripts be sent from the registrar in a sealed envelope to you, to be included unopened in the packet you send to us. If your transcripts are in another name, please have the registrar make note of your current name on the transcript.

☐ Submit official GRE scores only if you plan to enroll full time and apply for a graduate assistantship your first semester of study. Please see specifics in Graduate Bulletin. University of Hartford Test Code for GRE is 3436. Visit www.ets.org

☐ Obtain two recommendations from academic or professional sources using the forms provided.

* An appropriate baccalaureate degree in engineering from an engineering degree program accredited by the Engineering Accreditation Commission (EAC) of the Accreditation Board for Engineering and Technology (ABET) is strongly recommended. Applicants should have achieved a grade point average of 3.0 as an undergraduate.

Applicants who hold baccalaureate degrees in engineering fields not usually considered typical (electrical, mechanical, civil, aerospace, chemical, computer, and control engineering are typical engineering degrees), and who hold a baccalaureate or master’s degree in a nonengineering field, or in engineering technology, or those whose undergraduate GPA is below 3.0 but who have significant engineering experience will be considered on an individual basis. The same applies to applicants holding bachelor’s degrees from institutions not accredited by EAC/ABET. Applicants in these categories may be required to complete specified undergraduate engineering courses before being admitted to the Master of Engineering program.

Applicants may enroll for up to 6 credits on a nonmatriculated basis prior to making formal application for admission. (This does not apply to international students, who must be matriculated and registered as full-time students.) Grades in courses taken on this basis will be considered for review of the application.

3+2 applicants must be University of Hartford Engineering students and must submit the work sheet in the second semester of the junior year.

Return materials to Center for Graduate and Adult Academic Services, Computer and Administration Center, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599.

☐ Immunization Form. Please complete the Immunization Form and return to Health Services. Although the Immunization Form is not required for an admission decision, it is mandatory to be on file to register for classes.

International Applicants

The following items are required in addition to the above items:

☐ English Proficiency Examination. The official score from the TOEFL or IELTS is to be submitted by international students who earned their baccalaureate degree in a country where English is not the first language. The University of Hartford’s test code number is 3436. Visit TOEFL at: www.ets.org or IELTS at www.ielts.org.

☐ Transcript Evaluation International transcripts must be evaluated by the World Evaluation Services/WES. Visit: www.wes.org. You will incur an expense for the WES evaluation; therefore, the $45.00 application fee will be waived.

☐ Guarantor’s Statement A certified Guarantor’s Statement of financial support is required. You may download the Guarantor’s Statement at: www.hartford.edu/graduate/int.

Complete your application form online at: http://www.hartford.edu/graduate/ or complete the attached application form and return to the address above.
COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Engineering

☐ FALL  ☐ SPRING  ☐ YEAR  ☐ FULL TIME  ☐ PART TIME

PERSONAL DATA  — PLEASE TYPE OR PRINT

LEGAL NAME: ________________________________
LAST (FAMILY)  FIRST (GIVEN)  MIDDLE (COMPLETE)

OTHER NAME CREDENTIALS MAY BE UNDER: ________________________________

PERMANENT ADDRESS:
STREET  CITY  STATE  ZIP  PHONE

LOCAL ADDRESS:
STREET  CITY  STATE  ZIP  PHONE

BUSINESS ADDRESS:
EMPLOYER  CITY  STATE  ZIP  PHONE

E-MAIL ________________________________  May we call you at work?  ☐ Yes  ☐ No

*AN E-MAIL MUST BE SUPPLIED FOR APPLICATION UPDATE AND STATUS

SOCIAL SECURITY NUMBER: — — — DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

SEX: ☐ Male  ☐ Female

ETHNIC BACKGROUND (OPTIONAL)
☐ Native American or Alaskan Native  ☐ African-American  ☐ Hispanic
☐ Asian-American or Pacific Island  ☐ Caucasian  ☐ Other

CITIZENSHIP: Are you a U.S. citizen or a permanent resident (green-card holder)?  ☐ Yes  ☐ No

If no, what is your country of citizenship? ________________________________
What is your country of birth? ________________________________

MASTER OF ENGINEERING

Proposed concentration to which you are applying:
☐ Electrical and Computer  ☐ Mechanical  ☐ Environmental  ☐ Civil  ☐ E2M (also indicate your engineering discipline)
☐ Turbo Machinery
☐ Manufacturing

How did you hear about the University of Hartford? ________________________________

Have you previously applied to the University of Hartford?  ☐ Yes  ☐ No  If yes, when? ________________________________

Are you seeking graduate transfer waiver/credit?  ☐ Yes  ☐ No  If yes, from which institution(s)? ________________________________

To what other graduate programs have you applied to other than University of Hartford? ________________________________

FEDERAL ASSISTANCE (NON-U.S. RESIDENTS ELIGIBLE ONLY FOR GRADUATE ASSISTANTSHIPS)

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA). Please contact the office of Financial Aid at 860.768.4296 or email finaid@hartford.edu

If applying for full-time study, do you wish to be considered for a graduate assistantship?  ☐ Yes  ☐ No
(GREs are required for graduate assistantship)

› Please return this form to the address above.
ACADEMIC HISTORY
LIST ALL POSTSECONDARY INSTITUTIONS YOU HAVE ATTENDED. (Attach additional information on separate sheet)

<table>
<thead>
<tr>
<th>Institution</th>
<th>4-Digit Code (if known)</th>
<th>Location</th>
<th>Attended From - To</th>
<th>Degree Awarded</th>
<th>Year</th>
<th>Major/Minor</th>
<th>GPA</th>
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</table>

List the foreign languages in which you have a basic reading knowledge:
________________________________________________________________________

TESTING INFORMATION
Have you taken any of the following Tests?  □ Yes  □ No  If yes, when __________________________

□ GMAT DATE __________  □ GRE DATE __________  □ TOEFL* DATE __________

Have scores been forwarded to the University of Hartford?  □ Yes  □ No

Are you applying for a GMAT waiver?  □ Yes  □ No

*NOTE: International students are required to take the TOEFL (Test of English as a foreign Language) prior to admission.

RECENT EMPLOYMENT HISTORY
(Attach additional information on separate sheet)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Job Title</th>
<th>Dates</th>
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AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES
(Attach additional information on separate sheet)
________________________________________________________________________
________________________________________________________________________

RECOMMENDATIONS
(Attach additional information on separate sheet)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
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</table>

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

APPLICANT’S SIGNATURE ____________________________ DATE __________

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administrative Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting documents have been processed, they become the property of the University of Hartford.

* $45 Domestic application, $45 International Application. Check should be made payable to the University of Hartford.
COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Engineering

LETTER OF INTENT

In the space below, describe your professional and career goals and how you expect graduate study to help accomplish them. If necessary, continue your letter on the back of the page.

SIGNATURE
COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE
Master of Engineering

APPLICATION FOR ASSISTANTSHIP – TO BE FILLED IN BY APPLICANT

NAME OF APPLICANT ________________________________

Do you wish to be considered for a Graduate Assistantship? ☐ Yes ☐ No

If yes, you must submit official GRE scores from ETS. The University of Hartford test code is 3436.
**RECOMMENDATION FOR GRADUATE STUDY** — TO BE FILLED IN BY APPLICANT

**NAME OF APPLICANT**

**PROPOSED DEGREE PROGRAM**

**PROPOSED MAJOR**

**Waiver** (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

**SIGNATURE**

**DATE**

**To the person completing this recommendation:**

We would appreciate your candid opinion of this applicant’s preparation for graduate study. Please remember that the student has access to this recommendation unless he or she has signed the waiver-of-confidentiality statement.

Please indicate your evaluation by a check mark in each of the categories listed.

<table>
<thead>
<tr>
<th></th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>N/A</th>
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<tbody>
<tr>
<td><strong>Motivation</strong></td>
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<td><strong>Leadership</strong></td>
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<td><strong>Analytical skills</strong></td>
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<td><strong>Written communication</strong></td>
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<td><strong>Oral communication</strong></td>
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<td><strong>Time management</strong></td>
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To what reference group are you comparing this applicant?

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

(Use reverse side, if necessary)

**RECOMMENDER’S NAME**

**PHONE NUMBER**

**DATE**

**SIGNATURE**

**INSTITUTION**

**TITLE/POSITION**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP**

**E-MAIL**

> Please return this form to the address above.
# Recommendation for Graduate Study

**Name of Applicant:**

**Proposed Degree Program:**

**Proposed Major:**

**Waiver (optional):** I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

**Signature:**

**Date:**

**To the person completing this recommendation:**

We would appreciate your candid opinion of this applicant’s preparation for graduate study. Please remember that the student has access to this recommendation unless he or she has signed the waiver-of-confidentiality statement.

Please indicate your evaluation by a check mark in each of the categories listed.

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
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</table>

To what reference group are you comparing this applicant? ________________________________________________________________________________

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

(Use reverse side, if necessary)

**Recommender’s Name:**

**Phone Number:**

**Date:**

**Signature:**

**Institution:**

**Title/Position:**

**Street Address:**

**City:**

**State:**

**Zip:**

**E-mail:**

> Please return this form to the address above.
IMMUNIZATION RECORD

NAME: _______________________________

UH ID#: ____________________________ SS# ____________________________ DATE OF BIRTH ____________________ ☐ MALE ☐ FEMALE

ADDRESS: ____________________________ CITY ____________________________ STATE ___________ ZIP ____________

STUDENT PHONE: CELL ____________________________ HOME ____________________________

STATUS: Will be living in campus housing? ☐ Yes ☐ No Date Entering University: ____________________________

☐ FULL-TIME ☐ PART-TIME ☐ GRADUATE PROGRAM ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR

Measles Vaccine: First dose must have been administered on or after the student’s first birthday, AND must have been administered on or after 1/1/69. The second dose must have been administered on or after 1/1/80. (Exempt if born before 12/31/56)

Mumps Vaccine: Must have been administered on or after the student’s first birthday.

Rubella (German Measles) Vaccine: Must have been administered on or after the student’s first birthday.

REQUARED IMMUNIZATIONS

This section must be completed by either a physician or someone operating under the direction of a physician, i.e., school nurse, PA, APRN. Record of Immunizations (month/day/year)

<table>
<thead>
<tr>
<th>Disease History</th>
<th>1st dose (or 1st MMR)</th>
<th>2nd dose (or 2nd MMR)</th>
<th>Lab evidence of immunity—titer is acceptable</th>
<th>Date of test</th>
<th>Titre Results</th>
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<tbody>
<tr>
<td>Measles</td>
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<td>Mumps</td>
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<td>Rubella</td>
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Meningitis Vaccine (Required for all students living in campus housing) Date: ___ / ___ / ___

Tuberculosis Screening: (BCG Vaccine is not a contraindication to testing.)
Test date must be completed within the last calendar year.

OPPD (MANTOUX) Date: ___ / ___ / ___ Results: ☐ Negative ☐ Positive Induration ________ mm
☐ Chest x-ray (if positive PPD) Date: ___ / ___ / ___ Results: ☐ Negative ☐ Positive
☐ If positive PPD, treatment with ____________________________ Dates: ____________________________

NON-REQUIRED, BUT STRONGLY RECOMMENDED IMMUNIZATIONS

Hepatitis A Vaccine Date 1: ___ / ___ / ___ Date2: ___ / ___ / ___

Hepatitis B Vaccine Date 1: ___ / ___ / ___ Date2: ___ / ___ / ___ Date3: ___ / ___ / ___

Varicella Date 1: ___ / ___ / ___ Date2: ___ / ___ / ___

Tetanus Diphtheria Date 1: ___ / ___ / ___

Date of Last Physical Examination (a physical is not required but strongly recommended) Date: ___ / ___ / ___

Signature of Health Care Provider: (MUST BE SIGNED OR STAMPED BY HEALTHCARE PROVIDER)

NAME: ____________________________ SIGNATURE: ____________________________

ADDRESS: ____________________________ PHONE: ____________________________
IMMUNIZATION RECORD

NAME: ___________________________ DOB: ___________ STUDENT ID: ___________________________

MEDICAL HISTORY

NOTIFICATION OF SPECIAL MEDICAL CONSIDERATIONS: in an effort to be productively responsive to students needs, the University Health Services would like to be alerted to any special medical conditions or concerns that may require special attention or care. Please attach or forward any medical records that may be needed in order to provide appropriate care to this student while they are at college. Also, since we cannot automatically assume responsibility for a student’s care without their willing participation, please instruct them to contact the Student Health Services office to make an appointment when needed.

Current Medical History/Condition(s):

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

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Allergies/Allergens: __________________________________________________________

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Medications Taken Regularly: (name/dosage)

_________________________________________________________________________________________________________

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Medical History: Check if you have ever had any of the following. Comment on all checked conditions in the space below:

YES NO

□ Acne (under treatment)
□ Anxiety
□ Arthritis
□ Bipolar disorder
□ Blood disorder
□ Cancer
□ Chicken Pox
□ Crohn's Disease/IBS
□ Depression
□ Digestive trouble
□ Emotional/mental illness
□ Hay fever
□ Heart Disease
□ HIV/AIDS
□ Kidney stones
□ Migraine/recurrent headaches
□ Peptic ulcer
□ Pregnancy
□ Seizure disorder (epilepsy)
□ Skin disorder
□ Thyroid disorder
□ Urinary infection

YES NO

□ Alcohol/drug use, problem or treatment
□ Anemia
□ Asthma
□ Bleeding trait
□ Breast disease
□ Cerebral palsy
□ Chronic Bronchitis/emphysema
□ Chronic kidney condition
□ Diabetes (type I or II)
□ Eating disorder (anorexia/bulimia)
□ Fracture/sprains
□ Hepatitis
□ High Cholesterol
□ Insomnia/sleep problems
□ Menstrual problems
□ Pelvic infection
□ Phlebitis
□ Rheumatic fever
□ Sexually transmitted disease
□ Systemic lupus
□ Tobacco use
□ Other: ___________________________

If you answered yes to any of the above, please explain: __________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
IMMUNIZATION RECORD

NAME: _______________________________ DOB: ___________ STUDENT ID: ______________________

INSURANCE INFORMATION

Only for laboratory or x-ray services/referrals—Student Health Services does not utilize insurance. Students pay for medications and/or laboratory services done on site. Fees are payable at the time of service by cash, check, charge or the University Hawk Flex card.

NAME OF INSURANCE: _______________________________

POLICY NUMBER: ___________________________ GROUP NUMBER: ___________________________

POLICY HOLDER: ______________________________

Is prior authorization required for referrals?  ☐ Yes  ☐ No  Laboratory Services?  ☐ Yes  ☐ No

Please provide any other additional information you feel would be needed in case of an emergency or health related situation:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Emergency Contact Information:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please make sure all sides are filled out completely and designated forms are signed by your medical provider. All forms must be at the Student Health office prior to moving onto or attending classes to comply with The State of Connecticut’s Department of Public Health’s mandate.

The University does not permanently store these records. Please keep a copy for your permanent records.

To reduce unnecessary paper copies, please do not mail and fax—only send one completed copy.

Thank you for your prompt attention
STATEMENT OF NONDISCRIMINATORY POLICIES

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.