

Checklist:

Part I: Checklist for Degree-Seeking Applicants

- Completed and signed *Application for Admission to Graduate Study*
- \$50 nonrefundable application fee
- Official transcripts from *all* degree-granting institutions
- Personal Statement
- Software Statement
- Two letters of recommendation (e.g., employers, professors)
- Case Analysis (organizational management applicants)
- Copy of valid Connecticut Teacher's Certificate (for education programs that require applicants be certified)
- PRAXIS I and II Scores (passing scores required for applicants to secondary education with certification program)
- Eastern Connecticut State University Immunization Requirements
- TOEFL Scores (international applicants)
- International Student Financial Statement (international applicants)

Part II: Checklist for Non-degree Applicants

(Applicants admitted as non-degree students are restricted to a total of nine graduate credits. International students are not eligible for non-degree status.)

- Completed and signed *Application for Admission to Graduate Study*, pages 2 and 3 only
- Official transcripts from *all* degree-granting institutions

SPECIAL NOTE: Non-degree students are *not eligible* for financial aid.

All application information should be mailed to:

Graduate Division
Webb Hall Room 160
Eastern Connecticut State University
83 Windham Street
Willimantic, CT 06226

E-mail: graduateadmissions@easternct.edu

Phone: (860) 465-5292

Fax: (860) 465-4538

Web: www.easternct.edu/depts/graduate

APPLICATION FOR ADMISSION TO GRADUATE STUDY

Application Priority Deadlines

Fall Semester - July 6

Spring Semester - November 3

Summer Session I - May 15

Summer Session II - June 26



EASTERN CONNECTICUT STATE UNIVERSITY

ADMISSIONS INFORMATION AND INSTRUCTIONS

ADMISSION APPLICATION

Before completing the admission application form, please study the Eastern Connecticut State University 2008-2010 Undergraduate/Graduate Catalog carefully. We urge you to thoroughly familiarize yourself with the requirements for admission and for graduation, as well as other pertinent information contained in the catalog. The application must be typed or printed clearly in ink.

It is to your advantage to file your admissions application by the priority deadline in order to meet the additional deadlines for the course selection and payment of fees. Graduate Division priority deadlines are as follows: Fall Semester: July 6; Spring Semester: November 3; Summer Semester I: May 15; and Summer Session II: June 26.

Social Security Number. Be sure to include your Social Security number in the space provided. You must have a Social Security number before filing your application.

Signatures. Your admission application will be considered incomplete without your signature.

APPLICATION FEE

A nonrefundable \$50 application fee must accompany your application. Please make check or money order payable to *Eastern Connecticut State University*. (For degree-seeking applicants only.)

RECORDS

Please have an official transcript from all institutions you have attended beyond the high school level sent directly to the Graduate Division at Eastern. If you have undergraduate credits that were transferred into a degree program, and those credits are reflected on the transcript for the institution from which you have earned a bachelor's degree, you will only need to provide an official transcript from your degree granting institution.

If you are a graduating senior, please request that your college or university "hold" your official transcript until your bachelor's degree has been posted.

Transcripts that are photocopies, or in unsealed envelopes, are not acceptable and will delay processing of the admission application. Failure to list and provide transcripts for all collegiate institutions attended on the application form may be considered sufficient reason for refusal of admission or for dismissal. Records supplied to the Graduate Division become the property of Eastern Connecticut State University.

FINANCIAL ASSISTANCE

The Financial Aid Office provides information to students about grants, loans, and scholarships. For details, call (860) 465-5205. Graduate assistantships are the only form of financial assistance available from the Graduate Division. Assistantships are for students in degree-seeking programs and are limited in number. Call (860) 465-5264 for an application. Non-degree students are not eligible for financial assistance.

INTERNATIONAL STUDENTS

International students who are not United States citizens or permanent resident aliens must meet additional requirements before final admission to the master's degree program.

Financial Requirements. At present, financial aid is not available. International students must present evidence of their ability to meet all expenses for at least the first year of study and an acceptable plan for financing the remainder of the program. "The International Student Financial Statement" form is located on page 14 of this packet and must be submitted with your

application for admission to degree-granting programs. Graduate assistantships may be available on occasion only after students have been admitted to graduate programs.

Academic Requirements. International students must submit an official undergraduate transcript to an organization that evaluates their records in terms of comparable United States undergraduate degrees. Many of our applicants have used the following organizations:

Educational Credential Evaluation Services

P.O. Box 514070, Milwaukee, WI 53203-3470

Telephone: (414) 289-3400

Web address: www.ece.org

Center for Educational Documentation, Inc.

P.O. Box 170116, Boston, MA 02117

Telephone: (617) 338-7171 Fax: (617) 338-7101

Web address: www.cedevaluations.com

E-mail: info@cedevaluations.com

International Consultants of Delaware

P.O. Box 8629, Philadelphia, PA 19101-8629

Telephone: (215) 222-8454 ext. 510

Web address: www.icdel.com

On the application for any of these agencies, please request that one official copy of your evaluation be mailed directly to: Graduate Division, Webb Hall Room 160, Eastern Connecticut State University, 83 Windham Street, Willimantic, CT 06226-2295. Each organization operates on a fee basis and supplies advisory interpretations directly to requesting individuals. Evaluations that are photocopies, or in unsealed envelopes, are not acceptable and will delay the processing of the admission application.

In addition, students whose native language is not English must show evidence of proficiency in the English language by having earned a score of at least 550 (paper-based) or 213 (computer-based) on the TOEFL (Test of English as a Foreign Language), administered by the Educational Testing Service, Princeton, New Jersey 08541. Official test scores must be mailed directly to the Graduate Division from the Educational Testing Services.

HEALTH REQUIREMENTS

Connecticut State Law requires students born after December 31, 1956, to present valid proof of measles and German measles vaccination. In addition, Eastern requires all students, regardless of status and age, to provide evidence of TB testing.

The form used for providing this documentation is included in this application. It can also be found online at www.easternct.edu/depts/health/forms.htm or by contacting Health Services at (860) 465-5263.

COMPLIANCE STATEMENT

Eastern Connecticut State University does not discriminate on the basis of race, color, national origin, age, sex, disability or sexual orientation in admission to, access to, treatment in, or employment in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies including a policy of prohibition against sexual harassment, as well as other issues related to civil rights compliance.

Name: Constance Belton Green

Title: Chief Diversity Officer, Eastern Connecticut State University

Address: 83 Windham Street, Willimantic, CT 06226

Inquiries concerning the application of non-discrimination policies may also be referred to the Boston Office, Office for Civil Rights, U.S. Department of Education, Thomas Hibino, McCormack Post Office and Courthouse, Room 701, Boston, MA 02109-4557.

APPLICATION FOR ADMISSION TO GRADUATE STUDY

Type or Print Clearly.

| | | | | | | |
|--|---|--|--|---|---|---|
| ADMISSION DATA | ADMISSION REQUESTED FOR | <input type="checkbox"/> FALL SEMESTER | <input type="checkbox"/> WINTER INTERSESSION | <input type="checkbox"/> SPRING SEMESTER | APPLICATION FOR | |
| | | <input type="checkbox"/> SUMMER SEMESTER I | <input type="checkbox"/> SUMMER SEMESTER II | OF YEAR 20_____ | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| STUDENT DATA | SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER | PLEASE CHECK HERE IF YOU WANT YOUR "STUDENT DATA" TO REMAIN CONFIDENTIAL <input type="checkbox"/> | | |
| | LAST NAME | | FORMER LAST NAME (if applicable) | | | |
| | FIRST NAME | | MIDDLE INITIAL | | | |
| | NUMBER AND STREET | | | | | |
| | CITY OR TOWN | | STATE | ZIP CODE | E-MAIL ADDRESS | |
| | HOME PHONE | WORK PHONE | CELL PHONE | Are you a legal resident of Connecticut? | | Years in Connecticut |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, date of discharge | Number of months of service | | |
| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If you are an international applicant or non-U.S. citizen indicate type of visa: | | | | |
| | | <input type="checkbox"/> 1. If you currently live in the U.S., please list your visa status _____ <input type="checkbox"/> 2. Resident Alien (permanent visa) <input type="checkbox"/> 3. Nonresident Alien (student visa; does not include naturalized citizen or permanent residents) | | | | |
| Please check ONE of the following: | FOR UNITED STATES CITIZENS OR PERMANENT RESIDENTS ONLY: | | | | | |
| | <input type="checkbox"/> Native American | | <input type="checkbox"/> African American | | <input type="checkbox"/> Asian / Pacific Islander | |
| <input type="checkbox"/> Puerto Rican | | <input type="checkbox"/> Hispanic / Non-Puerto Rican | | <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____ | | |
| Note: Candidates who are not citizens of the United States are eligible for admission to Connecticut State Universities, but cannot receive teacher certification in Connecticut until they are citizens or have had this requirement waived by the Connecticut State Department of Education. | | | | | | |

PROGRAMS OF STUDY

1. Education Program

Eastern offers two Master of Science in Education programs for which a teaching license is not required.

- Early Childhood Education
- Educational Technology

2. Education Programs for Certified Teachers

Master of Science in Education programs offering certified teachers advanced study are listed below. Applicants interested in these programs must provide a copy of their teaching license as part of the application process.

- Elementary Education
- Reading/Language Arts
- Science Education
- Secondary Education

3. Education Programs for Individuals Seeking Certification

Master of Science in Education programs preparing students for their initial teaching certificate are offered in the subject areas listed below. Applicants interested in these teacher-preparation programs must also make application to the Committee on Admissions and Retention in Education (CARE). CARE applications may be obtained by contacting the Education Department at (860) 465-4530 or on the Department's website at www.easternct.edu/depts/edu/edu.html.

- Early Childhood Education
- Elementary Education

- Secondary Education (Please select one subject area.)

- Biology
- English
- Environmental Earth Science
- History/Social Studies
- Mathematics

4. Education Endorsements

- Please check here if you plan to apply to the Connecticut State Department of Education for cross-endorsement.
- Please check here if you plan to apply to the Connecticut State Department of Education for an endorsement in physical education PK-12 (#0044).

5. Business

- Master of Science in Organizational Management

6. Non-Degree (matriculated)

Students seeking additional course hours who do not wish to enroll in a degree-granting program may apply for non-degree status. Applicants who apply for non-degree status are limited to a total of nine (9) credit hours. Individuals interested in this program must provide a brief statement (use space provided below or attach a separate document) regarding the decision to pursue non-degree status rather than a master's degree.

An official transcript must be sent to the Graduate Division from all institutions attended beyond high school.

ALL EDUCATIONAL INSTITUTIONS (PAST AND PRESENT) BEYOND HIGH SCHOOL
(Failure to list all educational institutions, regardless of whether or not a degree was received, may be grounds for cancellation of admission.)

| Institution (including LOCATION - (Town & State) | Dates of Attendance | | Major Field of Study | Type of Degree Received | Date Degree Granted |
|--|---------------------|----|----------------------|-------------------------|---------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A DEGREE-GRANTING PROGRAM ONLY.

EMPLOYMENT EXPERIENCE *(Include present and previous employment and military service.)*

| Employer | Dates of Attendance | | Brief Description of Duties |
|----------|---------------------|----|-----------------------------|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

RECOMMENDATIONS *Please indicate names, titles and addresses from whom recommendations have been requested.*

| Name | Title | Address |
|------|-------|---------|
| | | |
| | | |

STATEMENT OF APPLICANT

If admitted, I pledge myself to comply, in good faith, with all the rules and regulations of the University. I realize that any misleading information given by me on this application may be cause for dismissal. Further, I understand that non-degree matriculation does not guarantee full admission to a degree program and I must apply separately and meet the admission requirements for a degree program. I agree that the University has permission to use in its advertising and promotional material any college-sponsored picture(s) in which my likeness appears as well as any studio or video production in which I participate.

DATE _____ SIGNED (Applicant) _____

CURRENT ADDRESS (No. and Street, City, State Zip)

Do not write below this line.

| ACTION | DATE | COMMENTS: |
|-------------------|------|--|
| Admit | | <p align="center">_____ Signed (Dean of Graduate Division)</p> |
| Provisional Admit | | |
| Admitted to CARE | | |
| Fully Admitted | | |
| Non-Degree | | |
| Reject | | |

EASTERN CONNECTICUT STATE UNIVERSITY

GRADUATE DIVISION

To be completed by applicants to degree-granting programs only. Please type or print clearly.

NAME OF APPLICANT

TO BE COMPLETED AND RETURNED DIRECTLY TO:

Graduate Division
Webb Hall, Room 160
Eastern Connecticut State University
83 Windham Street
Willimantic, CT 06226-2295

All statements should be approximately 900 words in length

Master of Science in Early Childhood Education, Elementary Education, Science Education, Secondary Education, Educational Technology or Reading/Language Arts.

Please provide a typed statement indicating your educational philosophy and professional goals.

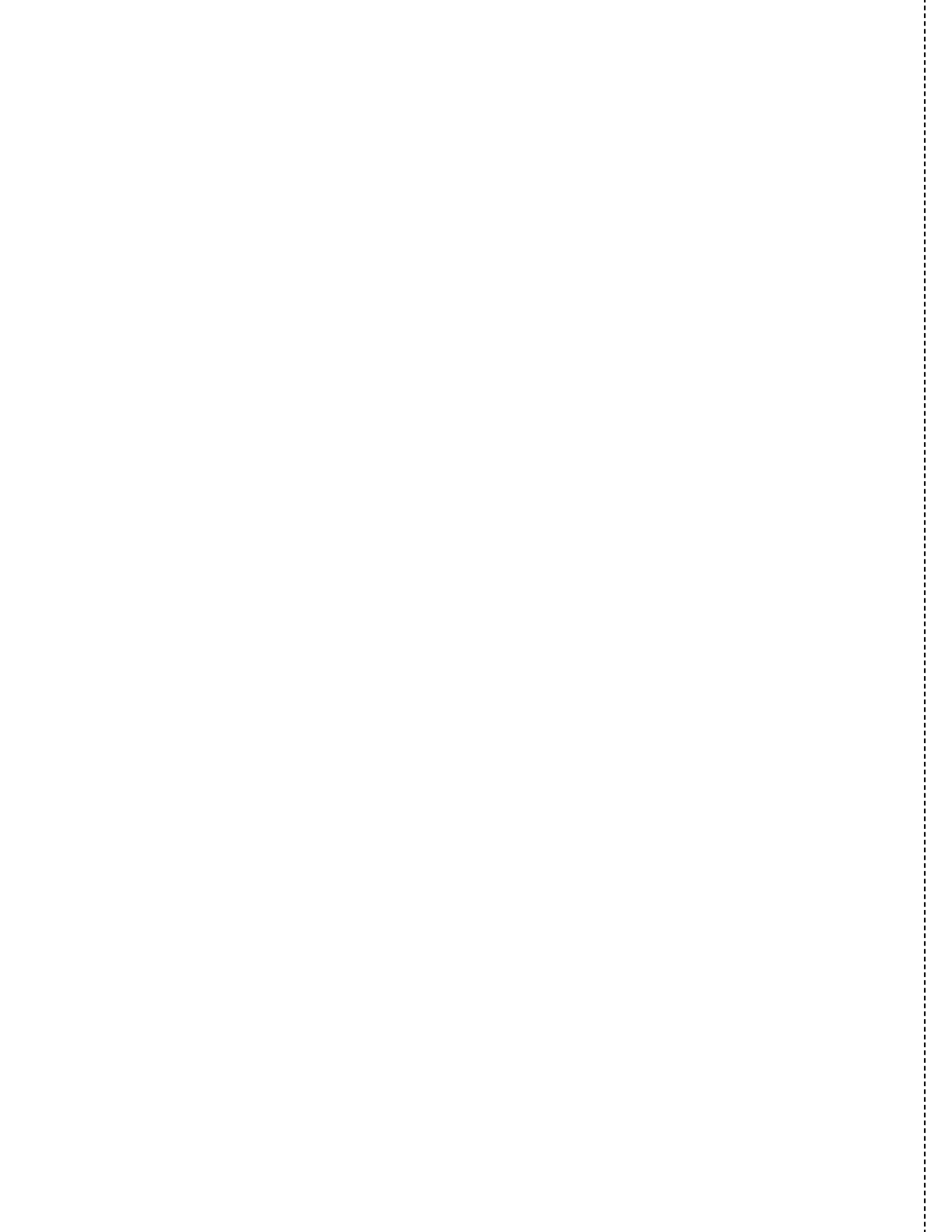
Master of Science in Organizational Management

Please provide a personal, typed statement which describes how the organizational management program would enhance your academic career goals. Include in your statement evidence of self-directed learning.

I certify the foregoing statements are both correct and complete.

Signature: _____ Date: _____

PERSONAL STATEMENT



EASTERN CONNECTICUT STATE UNIVERSITY

GRADUATE DIVISION

To be completed by applicants to degree-granting programs only. Please type or print clearly.

NAME OF APPLICANT

SOFTWARE STATEMENT

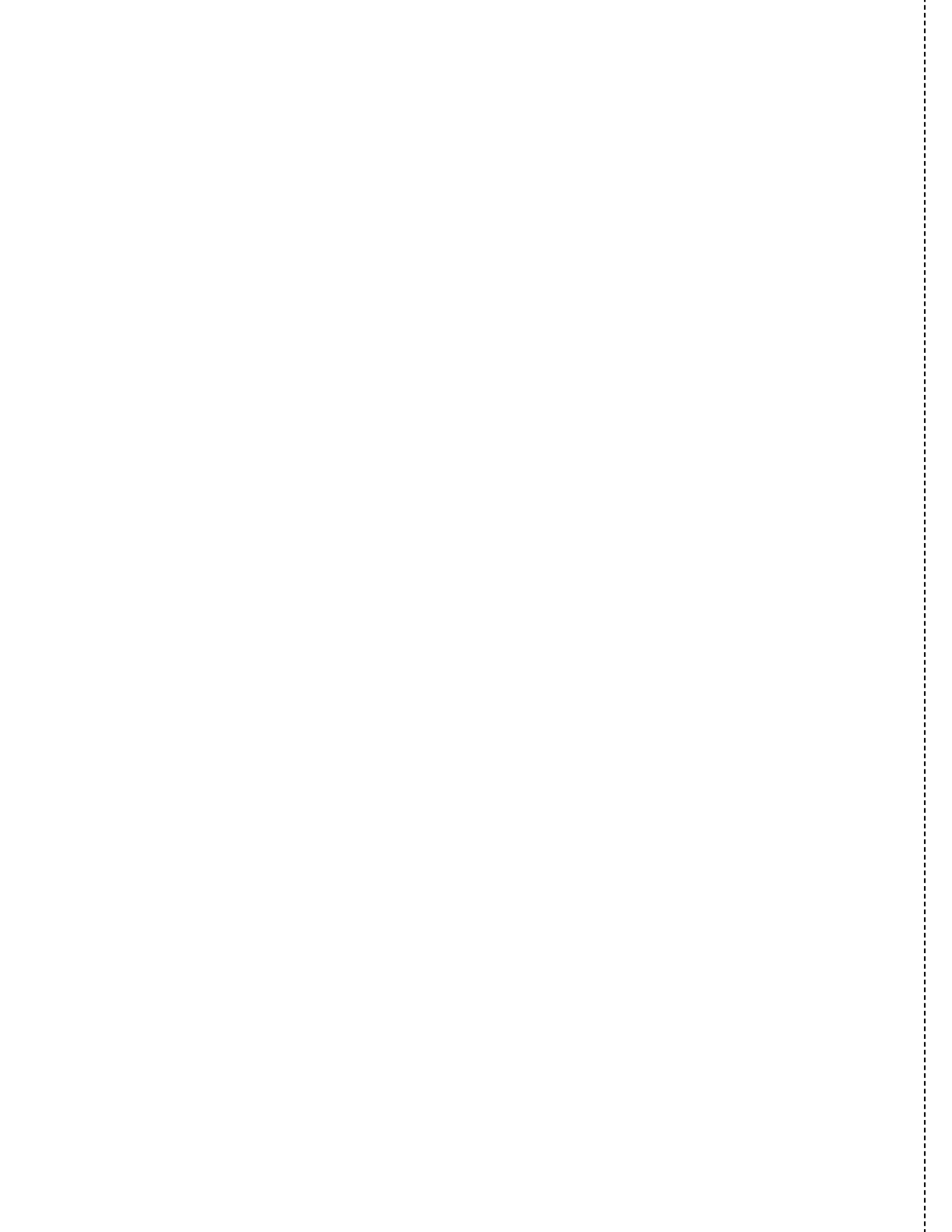
TO BE COMPLETED AND RETURNED DIRECTLY TO:

Graduate Division
Webb Hall, Room 160
Eastern Connecticut State University
83 Windham Street
Willimantic, CT 06226-2295

In a *typed* statement, please describe your experience with computer software applications.

I certify the foregoing statements are both correct and complete.

Signature: _____ Date: _____



EASTERN CONNECTICUT STATE UNIVERSITY

GRADUATE DIVISION

To be completed by applicants to degree-granting programs only. Please type or print clearly.

NAME OF APPLICANT

UNDERGRADUATE COLLEGE

RECOMMENDATION FORM

TO BE COMPLETED AND RETURNED DIRECTLY TO:

Graduate Division
Webb Hall, Room 160
Eastern Connecticut State University
83 Windham Street
Willimantic, CT 06226-2295

To the Respondent: The above-named person has applied for admission to the Graduate Division of Eastern Connecticut State University.

Please provide your candid evaluation of this applicant's qualifications for graduate study. Indicate how long and in what capacity you have known the applicant. Please use the reverse side of this sheet or attach a separate letter if necessary.

In conformity with the Family Educational Rights and Privacy Act of 1974, we cannot regard letters of recommendation as confidential unless students waive their right to inspect such letters. If you wish to keep this information confidential, please have the applicant sign the waiver on the bottom of this page.

Please Type:

- I: Recommend strongly Recommend Recommend with reservation
 Do not recommend this candidate for graduate study at Eastern Connecticut State University

Name: _____ Position: _____

Work Address: _____

City

State

Zip

Signature: _____ Date: _____

Since the applicant expects your response to be considered as part of his/her application, we plan to defer action on the application until hearing from you.

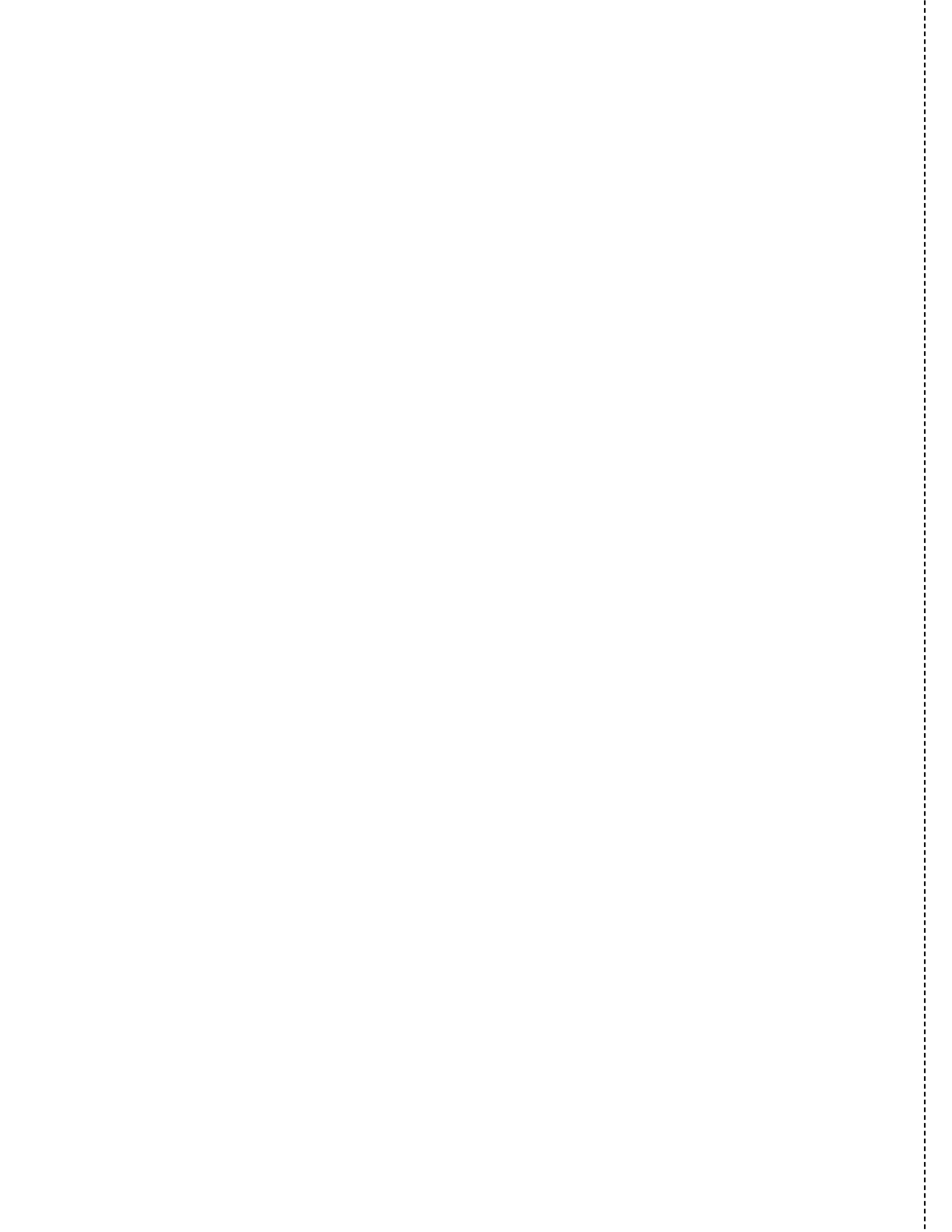
THANK YOU FOR YOUR ASSISTANCE.

WAIVER

I hereby waive my right to inspect this letter of recommendation written to Eastern Connecticut State University on my behalf.

Signature: _____ Date: _____

Applicant's Signature



EASTERN CONNECTICUT STATE UNIVERSITY

GRADUATE DIVISION

To be completed by applicants to degree-granting programs only. Please type or print clearly.

NAME OF APPLICANT

UNDERGRADUATE COLLEGE

RECOMMENDATION FORM

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- I: Recommend strongly Recommend Recommend with reservation
 Do not recommend this candidate for graduate study at Eastern Connecticut State University

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Work Address: _____

City

State

Zip

Signature: _____ Date: _____

Since the applicant expects your response to be considered as part of his/her application, we plan to defer action on the application until hearing from you.

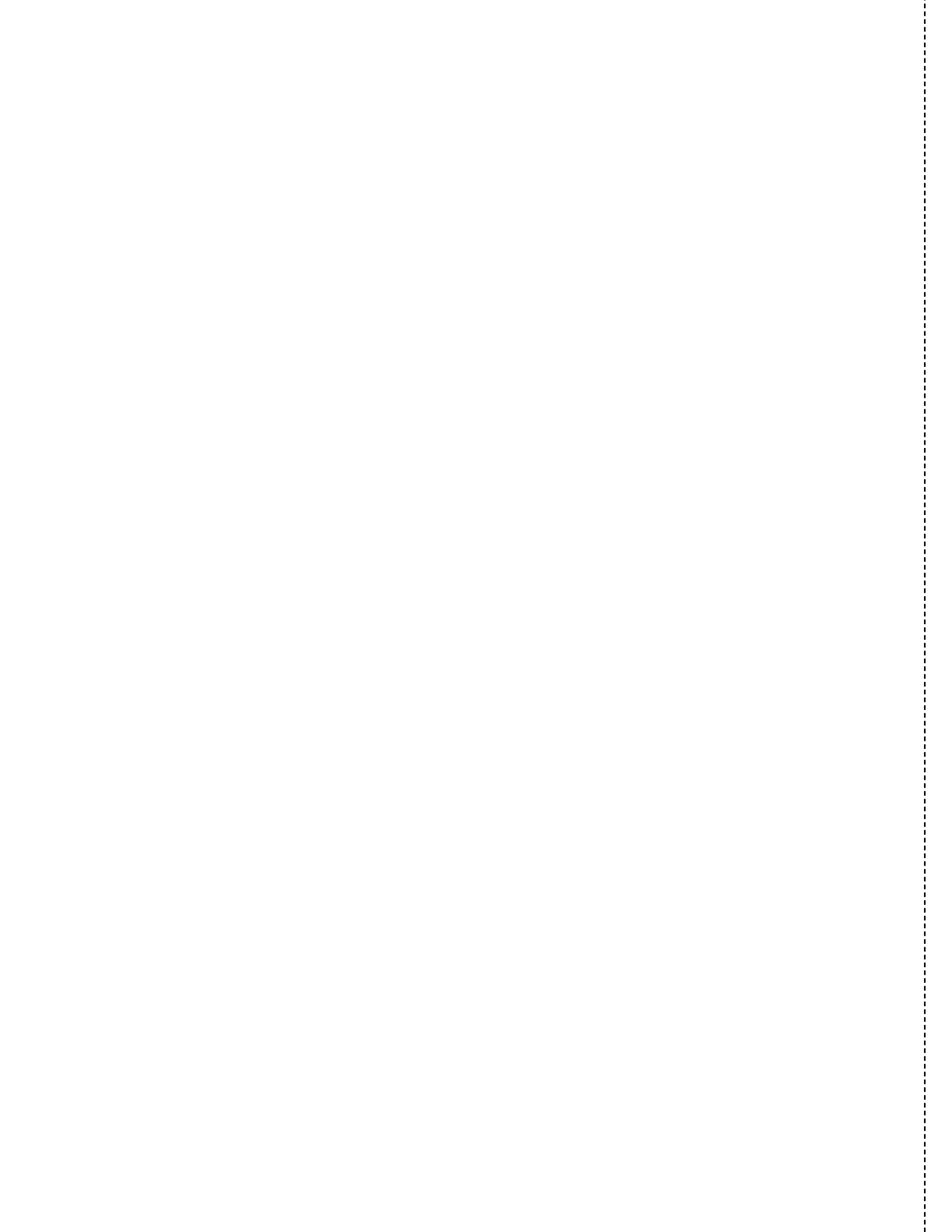
THANK YOU FOR YOUR ASSISTANCE.

WAIVER

I hereby waive my right to inspect this letter of recommendation written to Eastern Connecticut State University on my behalf.

Signature: _____ Date: _____

Applicant's Signature



ORGANIZATIONAL MANAGEMENT CASE STUDIES

This case analysis should be completed by all Organizational Management applicants.

Below are two short scenarios regarding a management problem — one in a public-service setting, the other in a private enterprise. Select one of the two scenarios and write an essay which includes the following:

- How do you initially conceptualize the problem?
- What are the relevant kinds of information you would want to know before proceeding?
- What initial steps would you take?

Do not attempt to offer a specific answer to the problem; focus on presenting the issues suggested above. Length should be approximately two or three, double-spaced, typed (or word-processed) pages.

PROBLEM 1

You are in charge of a small university police department consisting of 10 officers. You must cover three shifts per day, seven days per week. You must account for regular days off, plus sick time and personal leave time. As department head, you must provide adequate coverage with a minimum of overtime expenses.

Officers frequently request vacation leave during the academic year. Granting these requests would leave only one officer on duty, which presents a problem in terms of adequate patrol and backup coverage. If these requests are granted, overtime will result. If they are not granted, poor morale results.

How do you provide adequate coverage, keep overtime to a minimum, and maintain morale?

PROBLEM 2

You are in charge of a customer service department of a large, corporate bank. A bank of six telephones is stationed in a work area near computerized customer records printout data. Customers who have complaints or problems with their account call in on the available lines, and are served by the six clerks assigned to this area. Clerks usually find it necessary to look up information and possibly make additional phone calls to other departments to sort out customer problems encountered. It is a very busy work station and a high-pressure position.

Customers calling in often feel they have been required to wait on hold for an unnecessarily long time. They are also angry if they are unable to get through because of busy signals. They are even more angry if the phone is left ringing because clerks are away from the station looking up information or talking with other customers or departments.

How can you keep the phones answered, reduce “hold” time and serve customers well when each contact requires careful listening and attention but the number of available personnel is marginal?

EASTERN CONNECTICUT STATE UNIVERSITY
INTERNATIONAL STUDENT FINANCIAL STATEMENT GRADUATE STUDENT FORM

I certify that a minimum of \$29,689* in United States currency or the equivalent of this amount is available for me each academic year I am enrolled at Eastern Connecticut State University in the United States. I understand that this amount reflects the total cost of education for one academic year and does not include any travel, vacation, or summer living expenses. It also excludes summer session fees and other personal expenses. Through this form and supporting documentation, I can demonstrate the ability to pay the total cost of education for one year at Eastern Connecticut State University.

Applicant's Name: _____
Family Name First Middle

Personal or Family Savings: _____
Amount in U.S. Dollars Name of Bank

Name of Individual/Organization Sponsoring Student: _____

Sponsor's Relationship to Student: _____

Total Amount Available for Student to Study in U.S.: _____
U.S. Dollars

Other Source(s) of Funding: Please list the amount available from any funding sources other than the primary sources listed above.
List funding amounts in U.S. dollars:

Student's Personal Funds _____
Family Funds _____
Foreign Government Funds _____
Sponsoring Organizations _____
Other _____

The responsibility for the arrangements to transfer funds to the University rests with the student and sponsor. Student bills are due prior to the fall and spring semesters.

We, the undersigned, understand that we are fully responsible for and accountable to Eastern Connecticut State University for maintaining the terms of this statement for all educational costs accrued by the student named on this form. We attest that all financial statements made above are correct and accurate.

Signature of Applicant

Date

Signature of Sponsor

Date

*This form must be accompanied by an official bank statement(s) or letter(s) confirming the amount(s) listed as available for student use. Photocopies cannot be accepted. The total cost of education referenced on this form (\$29,689) is valid at the time of publication and is subject to change as required. Please be aware that no need-based financial aid is available for international students. All international students enrolling at the University must register as full-time students (at least nine credit hours per semester for graduate students.) International students may not work off campus and on-campus employment is limited.

Eastern Connecticut State University Immunization Requirements

Connecticut State Law requires ALL students, born after 12/31/56, to present a valid certificate of immunization covering measles and German measles. Students are required to show proof of two doses of measles vaccine and one dose of German measles. Please see guidelines below.

ALSO, EASTERN CONNECTICUT STATE UNIVERSITY REQUIRES THAT ALL PART TIME STUDENTS, REGARDLESS OF AGE, COMPLETE THE TUBERCULOSIS SCREENING ON THE BACK OF THIS FORM. PLEASE FOLLOW THE INSTRUCTIONS PROVIDED.

With your assistance, we can keep our entire campus community healthy. Thank you.

PLEASE HAVE YOUR HEALTH CARE PROVIDER COMPLETE THE FORM BELOW OR ATTACH A COPY OF IMMUNIZATION RECORDS TO THIS FORM. DO NOT LEAVE ANY BLANKS; YOU MUST COMPLY WITH ALL OF THE IMMUNIZATIONS UNLESS SHOWING PROOF THROUGH LABORATORY EVIDENCE. WHEN COMPLETED, PLEASE MAIL TO ECSU HEALTH SERVICES, 185 BIRCH STREET, WILLIMANTIC, CT 06226 OR FAX TO 1-860-465-4560

| | | |
|---|-------------------|------------------|
| Name (last, first, middle) Please Print | Date of Birth | Country of Birth |
| Student I.D. number | Entering semester | |

_____ Measles or MMR #1 (Must be on or after the first birthday and after January 1, 1969)
Month/Day/Year

_____ Measles or MMR #2 (Must be at least 30 days after the first immunization and after January 1, 1980)
Month/Day/Year

_____ German Measles or MMR #1 (Must be on or after the first birthday and after January 1, 1969)
Month/Day/Year

OR:

Laboratory evidence of immunity; **you must provide the actual laboratory report showing proof of your immunity to Measles and German measles.**

PLEASE PROCEED TO THE OTHER SIDE TO COMPLETE THE TB ASSESSMENT.

| | | |
|---|------|------------------------------|
| I certify that the student has received the required immunizations or has laboratory evidence of immunity as indicated above and has completed the required TB assessment and, if indicated, TB skin testing. | | |
| Health Care Provider Signature | Date | Health Care Provider Address |

Tuberculosis (TB) Risk Assessment: Name _____

All incoming students, regardless of age, must complete a Tuberculosis Risk Assessment to provide documentation of TB risk. **Please answer the following questions and:**

- if the answer is **YES** to any of the questions below, the CSU System requires that a healthcare provider complete the TB testing evaluation below within 6 months prior to the start of classes.
- if the answer is **NO** to all of the questions below, no TB testing or further action is required.

| | YES | NO |
|--|-----|----|
| 1. To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis (TB)? | | |
| 2. Were you born in one of the countries listed below? | | |
| 3. Have you traveled or lived <u>for more than one month</u> in one or more of the countries listed below? | | |
| 4. Do you have diabetes, kidney disease, immunocompromised diseases including HIV/AIDS, silicosis, chronic steroid therapy or a history of the following: substance abuse, cancer, pulmonary fibrotic lesions on x-ray, gastrectomy or jejunioleal bypass surgery? | | |
| 5. Have you ever had a positive tuberculosis skin test in the past? | | |

Afghanistan, Angola, Armenia, Azerbaijan, Bahamas, Bahrain, Bangladesh, Belarus, Benin, Bhutan, Bolivia, Bosnia-Herzegovina, Botswana, Brazil, Brunei, Darussalam, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Rep., Chad, China -Hong Kong SAR, China -Macao SAR, Columbia, Comoros, Congo, DR, Cote d'Ivoire, Croatia, Djibouti, Dominican Rep., Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Gabon, Gambia, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, India, Indonesia, Iran, Iraq, Japan, Kazakhstan, Kenya, Kiribati, Korea, DPR, Korea, Rep., Kyrgyzstan, Lao PDR, Latvia, Lesotho, Liberia, Lithuania, Macedonia, TFYR, Madagascar, Malawi, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, Moldova Rep., Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, New Caledonia, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Sao Tome & Principe, Saudi Arabia, Senegal, Serbia & Montenegro, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Rep., Taiwan, Tajikistan, Tanzania UR, Thailand, Timor-Leste, Togo, Turkey, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vanuatu, Venezuela, Vietnam, Yemen, Zambia, Zimbabwe.

*World Health Organization Global Tuberculosis Control, WHO Report 2003

Tuberculosis (TB) Testing Evaluation

NOTE: Previous BCG vaccine does not exempt the student from this requirement and a chest x-ray is not an acceptable substitute for a PPD. TO INTERNATIONAL STUDENTS – TUBERCULIN SKIN TESTING MUST BE DONE AT OUR OFFICE OR ANOTHER U.S. FACILITY

If the student answered YES to any of questions 1 – 4 above, a PPD test is required within 6 months prior to the start of classes. If the PPD is positive, a chest x-ray is required and must be done within 6 months prior to the start of classes.

If the student has had a previous positive PPD (answered YES to question # 5 above), a new PPD is not necessary. A chest x-ray is needed within 6 months prior to the start of classes unless the student has been treated. If the student has been treated in the past, please complete treatment section below.

Tuberculin Skin Test: Use 5TU Mantoux test only. Multiple puncture test such as Tine is not accepted.

| | | |
|---------------|---|---|
| Date Planted: | Result: (after 48-72 hours): _____ mm induration | Interpretation: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE |
| Date Read: | (If no induration, please put "0" mm) | |

IF TB SKIN TEST POSITIVE (currently or in the past):

| | |
|--|----------------|
| Chest x-ray: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal – please describe | Date of x-ray: |
| Treatment: <input type="checkbox"/> Yes _____ (drug, dose, frequency, dates, location) | |
| <input type="checkbox"/> No | |

Health care provider – please sign and include your address where indicated on the front of form.



EASTERN CONNECTICUT STATE UNIVERSITY