

# GRADUATE APPLICATION

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## COLLEGE OF ENGINEERING, TECHNOLOGY AND ARCHITECTURE

Master of Engineering



UNIVERSITY OF HARTFORD



## 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](http://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](http://www.ets.org) or IELTS at [www.ielts.org](http://www.ielts.org).
- Transcript Evaluation International transcripts must be evaluated by the World Evaluation Services/WES Visit: [www.wes.org](http://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](http://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.



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Center for Graduate and Adult Academic Services
Computer and Administration Center
University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117-1599
Telephone: (860) 768-4371 Fax: (860) 768-5160
E-mail: GradStudy@hartford.edu

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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)

Institution (List chronologically)	4-Digit Code (if known)	Location	Attended From - To	Degree Awarded	Year	Major/Minor	GPA

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)

Institution (List chronologically)	Location	Job Title	Dates

## AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES

(Attach additional information on separate sheet)

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## RECOMMENDATIONS

(Attach additional information on separate sheet)

Name	Title	Address

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**.



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Computer and Administration Center  
University of Hartford  
200 Bloomfield Avenue  
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E-mail: GradStudy@hartford.edu

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---

STUDENT'S SOCIAL SECURITY NUMBER (OPTIONAL)  
OR STUDENT'S TELEPHONE NUMBER  
OR STUDENT'S EMAIL

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**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.

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SIGNATURE



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**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.**



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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 with 6 columns: Category, EXCELLENT, GOOD, FAIR, POOR, N/A. Rows include Motivation, Leadership, Interpersonal skills, Analytical skills, Written communication, Oral communication, and Time management.

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 \_\_\_\_\_



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STUDENT'S SOCIAL SECURITY NUMBER (OPTIONAL)
OR STUDENT'S TELEPHONE NUMBER
OR STUDENT'S EMAIL

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:

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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.





IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

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.

REQUIRED 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 with 4 columns: Disease History (IS NOT acceptable), 1st dose (or 1st MMR), 2nd dose (or 2nd MMR), Lab evidence of immunity-titer is acceptable (Date of test, Titre Results). Rows for Measles, Mumps, Rubella.

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

> REQUIRED TO REGISTER FOR CLASSES

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): \_\_\_\_\_

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

Allergies/Allergens: \_\_\_\_\_

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

Medications Taken Regularly: (name/dosage) \_\_\_\_\_

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

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

- YES NO 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
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: \_\_\_\_\_

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



UNIVERSITY OF HARTFORD

MAIL TO:
University of Hartford Health Services
200 Bloomfield Avenue
West Hartford, CT 06117-1599
Telephone: (860) 768-6601
Fax: (860) 768-5140

IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

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:

Multiple horizontal lines for providing additional information.

Emergency Contact Information:

Multiple horizontal lines for providing 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

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200 Bloomfield Avenue  
West Hartford, CT 06117

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COLLEGE OF ARTS  
AND SCIENCES

HILLYER  
COLLEGE

HARTFORD  
ART SCHOOL

BARNEY SCHOOL  
OF BUSINESS

COLLEGE OF ENGINEERING,  
TECHNOLOGY  
AND ARCHITECTURE

COLLEGE OF EDUCATION,  
NURSING AND HEALTH  
PROFESSIONS

THE HART  
SCHOOL

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## 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.