



A Higher Degree of Excellence.

SCHOOL OF GRADUATE STUDIES
BRIDGEWATER STATE COLLEGE
BRIDGEWATER, MASSACHUSETTS 02325

Application Deadlines

October 1 February 1

APPLICATION FOR ADMISSION TO A COUNSELING PROGRAM IN THE DEPARTMENT OF COUNSELOR EDUCATION

This application should be mailed to the School of Graduate Studies. For complete details regarding application for admission, students should consult the Department of Counselor Education section of the current college catalog.

Applicants must submit the following materials be sent:

- 1. Application fee of \$50.00 (made payable to Bridgewater State College)
2. Official college transcripts of all undergraduate and graduate course work, if any
3. Three appropriate letters of recommendation (refer to catalog)
4. GRE scores
5. Scores on the Communication and Literacy portions of the Massachusetts Test for Educator Licensure (MTEL), if applying to the School Counseling Program or the Mental Health Counseling-Dual License Program
6. Demonstration of documented counseling- related experience (refer to catalog).

PROGRAM STATUS

Check the program of study to which you are applying. Consult the catalog for specifics on each of the Counseling Programs.

- Master of Education in School Counseling Pre K-8 or 5-12
Mental Health Counseling
Mental Health Counseling - Dual License
Student Affairs Counseling
Certificate of Advanced Graduate Study (CAGS) in Mental Health Counseling
Certificate of Advanced Graduate Study (CAGS) in School Counseling
Post Master's in School Counseling Pre K-8 or 5-12

GENERAL INFORMATION

Name Last First Middle

Other names under which records may appear, such as maiden name:

Permanent Address Number and Street

City State Zip Code Country

Mailing Address (if different from above)

Have you applied for or will you apply for financial aid at Bridgewater State College? Yes No

Cell () Home () Day ()

Birth Date _____ / _____ / _____
Month Day Year

Social Security Number _____ / _____ / _____

Applicants whose native language is not English are required to submit scores for the Test of English as a Foreign Language (TOEFL). See college catalog for additional information.

Citizenship US Citizenship Permanent Resident F-1 or J-1 Student visa (Country)

Will you require an I-20 form? No Yes If yes, country of origin _____

What is your first language, if other than English? _____

TOEFL Date Taken _____ To Be Taken _____

E-Mail Address _____

ADDITIONAL QUESTIONS

The following optional questions are asked so that we have a more complete picture of our applicant pool and student body:

Gender Male Female

Ethnicity American Indian/Alaskan Native Cape Verdean
 Asian/Pacific Islander White/Non-Hispanic
 Black (Non-Hispanic) Other _____
 Hispanic/Latino

Are you currently employed? Yes No

If yes, are you working with a career center here in Massachusetts? _____

PREVIOUS INSTITUTIONS ATTENDED

List all colleges and/or universities you have attended, with the most recent first.

Institution _____

Degree conferred (Month/Year) _____ Field of Study _____

GPA _____

Institution _____

Degree conferred (Month/Year) _____ Field of Study _____

GPA _____

TEST REQUIREMENTS

The verbal/quantitative/analytic sections of the **GRE** are required of all **MEd Counselor Education applicants**.
The GRE is waived for applicants who already possess a master's degree.

*GRE (Date taken) _____ (To be taken) _____

*Candidates for the School Counseling (MEd or Post Master's) and Mental Health Counseling-Dual License leading to licensure need to provide a qualifying score on the Communication and Literacy Skills portion of the Massachusetts Test for Educator Licensure (MTEL).

MTEL (Date Taken) _____ (To be taken) _____

PROFESSIONAL EXPERIENCE

List your employment record chronologically, most recent first. You may include unpaid, education-related experiences.

Position _____ Employer _____
Address _____ Dates of Employment _____

Position _____ Employer _____
Address _____ Dates of Employment _____

Position _____ Employer _____
Address _____ Dates of Employment _____

COUNSELING-RELATED EXPERIENCE

You may include paid or volunteer counseling-related experiences. *Teaching does not constitute counseling experience.*

PROFESSIONAL EXPERIENCE

Position _____ Employer _____
Address _____ Dates of Employment _____
Hours _____ Counseling Supervisor _____
Degree Held _____ License _____

Position _____ Employer _____
Address _____ Dates of Employment _____
Hours _____ Counseling Supervisor _____
Degree Held _____ License _____

VOLUNTEER EXPERIENCE

Position _____ Volunteer Site _____
Address _____ Hours _____
Counseling Supervisor _____ Degree Held _____

Position _____ Volunteer Site _____
Address _____ Hours _____
Counseling Supervisor _____ Degree Held _____

LICENSES HELD

License _____ Issuing Body _____ Date Issued _____
License _____ Issuing Body _____ Date Issued _____

Prepare a 500 word statement that presents a synthesized, integrated, and self-reflective description of your career goals as they relate to your chosen field of counseling and how they have led you to apply to the specific counseling program at Bridgewater State College.

Signature of Applicant _____ Date of Application _____



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LETTER OF RECOMMENDATION - DEPARTMENT OF COUNSELOR EDUCATION

TO BE COMPLETED BY THE APPLICANT

Social Security Number _____ / _____ / _____

Telephone Home _____ Daytime _____

Name _____
Last First Middle

Current Address _____
Number and Street

City State or Country Zip Code

E-Mail Address _____

Applying to the School of Graduate Studies for admission to a program leading to:

- Master of
 - School Counseling Pre K-8 or 5-12
 - Mental Health Counseling
 - Mental Health Counseling - Dual License
 - Student Affairs Counseling

- Certificate of Advanced Graduate Study (CAGS) in Mental Health
- Certificate of Advanced Graduate Study (CAGS) in School Counseling
- Post Master's in School Counseling Pre K-8 or 5-12

Family Educational Rights and Privacy Act of 1974 Under the provisions of this Act, you have the right, if you are admitted to a program at Bridgewater State College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive your right and sign your name.

- waive do not waive any right of access to this recommendation

Signature _____ Date _____

TO BE COMPLETED BY THE RESPONDENT

The person whose name appears above has applied for admission to the School of Graduate Studies. Your evaluation of the applicant will assist the department and the School of Graduate Studies in making a decision.

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

II. In comparison with others you have taught or worked with, please rate the applicant on the factors below using the following scale:

- 1. Outstanding - Upper 5%
- 2. Very Good - Upper 10%
- 3. Good - Upper 20%
- 4. Average - Upper 50%
- 5. Below Average
- 6. No basis for judgement

	1	2	3	4	5	6
A. Breadth of general knowledge						
B. Emotional maturity						
C. Initiative						
D. Perseverance						
E. Written communication skills						
F. Oral communication skills						
G. Ability to analyze a problem and formulate a						
H. Independence						
I. Potential for success in chosen specialization						

(over)

III. Please write a statement indicating the applicant's outstanding strengths and weaknesses, as they relate to his or her capacity to become an effective counselor and contribute to the field.

IV. Please check the category below which most accurately represents the applicant's ability to successfully complete the degree program and become an effective counselor:

- | | |
|-----------------------------|--|
| 1. _____ Highly recommended | 3. _____ Recommended, but with reservation |
| 2. _____ Recommended | 4. _____ Not recommended |

Signature _____ Date _____

Name (*please print*) _____ Position _____

Address _____
Number and Street

City

State or Country

Zip Code

Daytime Telephone (_____) _____ E-Mail _____

Return completed letter of recommendation to:
BRIDGEWATER STATE COLLEGE
SCHOOL OF GRADUATE STUDIES
MAXWELL LIBRARY
BRIDGEWATER, MA 02325

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Name _____
Last First Middle

Current Address _____
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- | | |
|-----------------------------|--|
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Address _____
Number and Street

City

State or Country

Zip Code

Daytime Telephone (_____) _____ E-Mail _____

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DOCUMENTATION OF LICENSURE STATUS

1. Are you currently licensed to teach in Massachusetts? Yes No

2. If you are licensed, please provide the following information:

- Check level of licensure: Preliminary (formerly Provisional)
 Initial (formerly Provisional with Advanced Standing)
 Professional (formerly Standard)

■ Check area(s) of licensure:	Date	Licensure No.
<input type="checkbox"/> Early Childhood	_____	_____
<input type="checkbox"/> Elementary	_____	_____
<input type="checkbox"/> Middle or Secondary	_____	_____
<input type="checkbox"/> Special Education	_____	_____
<input type="checkbox"/> Other (identify)	_____	_____

3. Do you seek licensure in your area of study upon completion of your graduate program?

Check one: Yes No

If yes, check level of licensure sought: *Initial Professional

If in SPECIAL EDUCATION, indicate the level: Grades Pre K - 8 Grades 5 - 12

If in EDUCATIONAL LEADERSHIP indicate the licensure position:

- Principal/Asst. Principal
- Superintendent/Asst. Superintendent
- Special Education Administrator
- School Business Administrator
- Supervisor/Director

* Candidates for education programs leading to initial licensure need to provide a qualifying score on the Communication and Literacy portion of the Massachusetts Tests for Educator Licensure™. Please refer to a. or b. below.

a. If you took the teacher's test, please attach a copy of your scores.

b. If you are scheduled to take the teacher's test, please provide the test date _____.

4. If you hold licensure in states other than Massachusetts, please provide pertinent information (state, licensure area, date of licensure).

5. Please attach a photocopy of your educator's license(s) to this form and then sign below.

Date

Signature of Applicant

