

SCHOOL OF EDUCATION and ALLIED STUDIES

Students may submit requests for college recommendation to the *Licensure Office, School of Education and Allied Studies, Hart Hall 124 Bridgewater State College, Bridgewater MA 02325* on or before the deadline closest to their degree conferral or program completion date. (Deadline dates – May 15, August 15 or December 15.)

Request for Bridgewater State College Recommendation

Last Name: _____ *First Name:* _____

Address: _____ *Tel. Number:* _____
 _____ *E-mail:* _____

Student I.D. #: _____ *D.O.B.:* _____

Educator Preparation Program: (check one)

Undergraduate _____ *Degree Conferral Date* _____
Pbac/APB _____ *Program Completion Date* _____
M.Ed./MAT _____ *Degree Conferral Date* _____
CAGS _____ *Program Completion Date* _____

<i>License Area</i>	<i>Field Code</i>	<i>Level</i>	<i>Stage</i>
			<i>Initial or Professional</i>

Please note: This is **not** your application for educator licensure. Applications for licensure are filed on-line through the Department of Education ELAR system @ www.doe.mass.edu/educators. It is the responsibility of the student to submit all paperwork required to complete their application at the D.O.E.

Signature: _____ *Date:* _____

For office use only:

<i>BSC Recommendation</i>	<i>Date</i>	<i>Field</i>	<i>Level</i>	<i>Stage</i>
<i>Yes/No</i>				<i>Initial/Professional</i>