

Application for Admission to an Undergraduate Professional Education Program

Initial Classroom Teaching License

I. Criteria for Admission:

Undergraduate Candidates must:

1. Be **matriculated** into an undergraduate arts and sciences degree licensure program (with appropriate undergraduate major/equivalent).
2. Provide evidence of having attained a passing score on the Communication and Literacy portion of the Massachusetts Tests for Educator Licensure™.
3. Have a Cumulative Grade Point Average of **2.8** (through all BSC undergraduate coursework). This minimum GPA must be maintained throughout the professional education program.
4. Demonstrate proof of proficiency in written English (minimum grades of “C+” in ENGL101 and ENGL102) or equivalent.
5. Complete a minimum of 40 contact hours (20 hours for secondary education and middle school) working with children or youth in schools or other agencies as part of an introduction to education course (ECED230, EDHM210, ELED220, SPED202 or PHED205).
6. Have completed health records (Immunization Record) *on file with the Office of Health Services*.
7. Provide two BSC faculty recommendations of at least “recommend” or “highly recommend” on the forms provided with this application packet.
8. Complete the attached application for Admission to a Professional Education Program. The application includes biographical data, information on employment and volunteer experiences, and verification of completion of criteria 1 -7 above. The application will be reviewed to determine competency in written expression of the English language and should reflect the candidate’s commitment to a career in education. Therefore, candidates should pay particular attention to correct spelling and the proper use of grammar when completing this application.

Students must be admitted to a professional education program prior to taking initial licensure education courses beyond the introductory level!

II. Application Instructions:

Please complete the attached forms as follows:

- A. **Biographical Data Form:** Complete pages one and two.
- B. **Massachusetts Tests for Educator Licensure™:** passing score/communication and literacy verification form (please attach proof of passing score to this form).
- C. **GPA & English Proficiency Requirement:** Complete Form C which documents the following admissions criteria:
GPA: Applicants must be matriculated students at Bridgewater State College and maintain a minimum cumulative G.P.A. of 2.8 through undergraduate coursework taken at Bridgewater State College. The Professional Education Office will verify the GPA’s of undergraduate candidates.
English Proficiency: Applicants must show proof of proficiency in written English by receiving minimum grades of “C+” in ENGL101 and ENGL102 (or equivalent at another institution), or by obtaining and submitting a passing score on a CLEP examination..
- D. **Field Experience:** All applicants for admission must complete a minimum of 40 contact hours (20 hours for secondary education and middle school) working with children or youth in schools or other agencies as part of an introduction to education course (ECED230, EDHM210, ELED220, SPED202 or PHED205). Candidates should submit Form D to the instructor of the introduction to education course to verify completion of the field experience requirement. Once this statement has been signed, attach the form to this application. If this requirement was met through another means, the candidate should contact his/her advisor regarding submitting appropriate documentation.
- E. **Faculty Recommendation Forms:** All undergraduate candidates for admission to an initial professional education program must obtain two recommendations from BSC faculty on the forms provided. Students should provide the faculty member with an envelope so that the recommendation can be sealed by the faculty member and returned to the student for submission with this packet.

All of the above forms (A-E) must be completed and submitted by the candidate according to the above instructions. Candidates should submit their application to the Professional Education Office located in the Hart Hall, room 124. The Professional Education Office will accept COMPLETE applications only! Candidates will be notified via mail of the status of their application.

Date: _____

Form A p.1

School of Education and Allied Studies
Application to a Professional Education Program

Biographical Information Form

1. Personal Data

Name: _____ Student Number: _____

(social security number or other)

Address: _____

_____ Telephone Number: _____

Campus Address: _____ Campus Extension: _____

E-mail: _____

2. Program Information

Expected date of degree conferral or program completion: _____

Educator License you are seeking: _____

(Field)

(Grade Level)

BSC Education Advisor(s): _____

3. Gender and Racial/Ethnic Origin (optional)

Gender: _____ Male _____ Female

Ethnic Background:

_____ American Indian/Alaskan Native

_____ Asian/Pacific Islander

_____ Black (not Hispanic)

_____ Hispanic/Latino

_____ Cape Verdean

_____ White (not Hispanic)

_____ Other

4. Background Information

Please describe any previous experience with learners (including college field experience, work experience, camp, scouting and tutoring):

Please list any interests, talents, and hobbies:

Please indicate membership in any organizations or affiliations:

What are your professional goals?

For Office Use Only:

MTEL: R _____ W _____ S _____ GPA _____ English Prof _____ Field Exp _____ Fac Rec _____
Action Taken: _____
Notification: _____ Entered (Students.dbf): _____ Banner: _____

School of Education & Allied Studies
Massachusetts Tests for Educator Licensure™
Communication & Literacy Test
Verification Form

About the Massachusetts Tests for Educator Licensure™:

The Massachusetts Board of Education, at its November 18, 1996 meeting, announced that as of January 1, 1998 all candidates for educational licensure shall be required to pass a two-part licensure examination which will assess writing and subject matter knowledge. All candidates seeking preliminary and initial teaching, administrative and support service licensure are required to pass this test.

The Massachusetts Department of Education has contracted with National Evaluation Systems (NES) in Hadley, MA, to develop and oversee these tests. Students and interested persons may contact N.E.S. to obtain information regarding upcoming test administrations and registration at www.mtel.nesinc.com or by calling (413) 256-2892. Registration Bulletins may also be available in the School of Education & Allied Studies Office.

Students must provide evidence that they have achieved a passing score (as determined by the Massachusetts Department of Education) on the Communication & Literacy portion of the Massachusetts Tests for Educator Licensure™ (N.E.S.) as a criterion for admission to a professional education program at Bridgewater State College.

This is to certify that I, _____, have achieved a passing score on the Communication & Literacy portion (reading & writing subtests) of the Massachusetts Tests for Educator Licensure™ and have attached a copy of my scores to this form. I also understand that I must provide evidence of having passed the *communication and literacy as well as the appropriate subject matter tests* of the MTEL as one of the criteria for acceptance into my practicum (student teaching) semester.

Signature: _____

Student Number (or S.S. #): _____

Date: _____

School of Education & Allied Studies
GPA & English Proficiency Verification Form

Name: _____

Student Number: _____

Professional Education Program you are applying for: _____

A. Current *Cumulative* GPA at Bridgewater State College: _____

B. English Proficiency:

At Bridgewater State College:

1. Semester/Year you took ENGL101? _____ Grade _____ 2. ENGL102? _____ Grade _____

Or

At another Institution of Higher Education:

Name of College or University? _____

1. Course Number and Title which is the equivalent of Writing I: _____
Semester/Year you took this course: _____ Grade: _____

2. Course Number and Title which is the equivalent of Writing II: _____
Semester/Year you took this course: _____ Grade: _____

Or

Challenge or "CLEP" examination waiver of Writing I and/or II::

1. Writing I: Type of Exam _____ Date _____ Score _____

2. Writing II: Type of Exam _____ Date _____ Score _____

For Office of Professional Education Use Only: _____

Verified By: _____ Date: _____

School of Education & Allied Studies
Pre-practica Field Experience Requirement Verification

Name: _____

Student Number: _____

Professional Education Program you are applying for: _____

1. This student has successfully completed the field-based requirement of the introductory course for this program:

Please check one:

___ ECED 230

___ EDHM 210

___ ELED 220

___ PHED 205

___ SPED 202

School(s)/program(s) and Community where field experience was/were completed:

Grade Level: _____

BSC Instructor's Signature: _____ Date: _____

OR

2. This student has completed his/her field-based requirement through another means. See attached documentation (must specify site and grade level).

BSC Advisor's Signature: _____ Date: _____

**Faculty Recommendation Form
For Admission to an
Initial Classroom Teacher License Program**

Student's Name: _____ **Student Number:** _____

Professional Education Program You Are Applying For: _____

To the Faculty Member: At the completion of this candidate's professional education program, he/she must demonstrate proficiency in the following standards:

7.06: Subject Matter Knowledge Requirements for Teachers: The effective candidate for initial licensure:

Demonstrates knowledge in the subject matter field.

7.08 Professional Standards for Teachers: The effective candidate for initial licensure:

- Standard a: Plans Curriculum and Instruction.
- Standard b: Delivers Effective Instruction.
- Standard c: Manages Classroom Climate and Operation.
- Standard d: Promotes Equity.
- Standard e: Meets Professional Responsibilities.

Comments:

Please indicate your recommendation as to whether this student should be admitted to a professional education program.

_____ *Highly Recommend* _____ *Recommend* _____ *Unable to Recommend At This Time*

Faculty Member's Signature: _____ **Date:** _____

Faculty Member's Department: _____

Please return this form to the student, sealed in the envelope provided.
Students are required to have two, sealed recommendations as part of their admissions application.

This form is one of many criteria used in the Professional Education Admissions process.