



Requirements for Admission:

- Application
- Resume
- Official Transcripts

Undergraduate Certificate Program

APPLICATION FOR ADMISSION

Name: _____
Last First Middle

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

Address: _____
Street and Number

City/Town State Zip Code

Telephone: (_____) _____ (_____) _____
Home Business

Email Address: _____

Mailing Address (if different from above): _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____

Indicate Certificate Program: _____

Secondary Education

High School _____
Name City State Dates attended Date diploma awarded

Post-Secondary Education

College _____ Yes No
Name City State Dates attended Degree awarded

I understand that information about applicants that is furnished to Bridgewater State College will be kept confidential and will only be released to public higher education system personnel authorized by the Massachusetts Board of Higher Education to received the information, for to educational agencies and institution for research study purposed. I hereby certify that the information furnished on this application form is complete and accurate. Academic misrepresentation could result in forfeiture of monies, transfer credit, or offer of admission.

Applicant Signature _____ Date _____

Bridgewater State College
School of Graduate Studies, Maxwell Library, Room 019
Bridgewater, MA 02325
508-531-1323
www.bridgew.edu/SoGS

Certificate programs are not eligible for federal and state financial aid programs. Please contact the Financial Aid Office at 508-531-1341 for information on alternative loan programs.

****International students are not eligible for a Certificate Program****