



College of Graduate Studies

Application Deadlines
October 1 February 1

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

Mail the completed application for admission to the College of Graduate Studies. For complete details regarding the application and admission requirements, consult the Department of Counselor Education section of the current university catalog.

Applicants must submit the following materials:

- 1. Application fee of \$50.00 (check or money order made payable to Bridgewater State University)
2. Official college transcripts of all undergraduate and graduate course work, if any
3. Three letters of recommendation. MEd students must submit letters of recommendations from professionals or educators outside of the BSU Department of Counselor Education.
4. GRE scores
5. Qualifying 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

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
Post Master's in School Counseling Pre K-8 or 5-12

GENERAL INFORMATION

Name Last First Middle

Other legal 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)

Telephone: Cell Home Day

Birth Date Month Day Year

Social Security Number

E-Mail Address

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

What is your first language, if other than English?

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

Country of Birth

Will you require an I-20 form? Yes No

If you require an I-20 form, or you answered "F-1 or J-1 Student Visa" to the Citizenship question above, indicate country:

Are you currently in this country on a visa? Yes No Type of visa

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these questions, we ask you to answer the following:

1. Do you consider yourself to be Hispanic/Latino(a)?  Yes  No
2. In addition, please select one or more of the following racial categories that describe you:  
 American Indian or Alaska Native  Black or African American  Asian  
 Cape Verdean  Native Hawaiian or Pacific Islander  White

### ADDITIONAL QUESTIONS (optional)

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

1. Gender  Male  Female
2. To what other colleges/universities are you applying? \_\_\_\_\_
3. Are you currently unemployed?  Yes  No
4. If yes, are you working with a career center here in Massachusetts?  Yes  No \_\_\_\_\_
5. Are you planning to apply for a  Graduate Assistantship (full-time students only)  
 Graduate Research Assistantship (full or part-time students)

### DISCLOSURES

1. Have you ever been placed on probation, academically dismissed, or withdrawn for any reason from a previous college or university you attended?  Yes  No
2. Have you ever been convicted of a felony?  Yes  No

If you answered yes to either question, you must provide a written explanation of the circumstances. If you answered yes to the first question, you may be asked to provide a letter of explanation from the previous institution's Dean of Students.

### 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) \_\_\_\_\_

Applicants whose native language is not English are required to submit scores from either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS).

\***TOEFL or IELTS** (*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 \_\_\_\_\_

## PERSONAL STATEMENT

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 University.

I understand that information about applicants furnished to Bridgewater State University will be kept confidential and will be released only to public higher education system personnel authorized by the Massachusetts Department of Higher Education. I hereby certify that the information furnished on the application form is complete and accurate. I understand that failure to disclose any required information, or making any false statements within this application, may result in denial or cancellation of admission or enrollment, disciplinary action and the loss of paid funds.

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

**Return completed application to:**

College of Graduate Studies  
Maxwell Library, Room 019  
Bridgewater State University  
Bridgewater, MA 02325



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:**

College of Graduate Studies  
Maxwell Library, Room 019  
Bridgewater State University  
Bridgewater, MA 02325



**College of Graduate Studies**

**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 College of Graduate Studies for admission to a program leading to:**

- 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
  
- 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 University, 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 College of Graduate Studies. Your evaluation of the applicant will assist the department and the College 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%
- 3. Good - Upper 20%
- 5. Below Average
- 2. Very Good - Upper 10%
- 4. Average - Upper 50%
- 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 solution						
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:**

College of Graduate Studies  
Maxwell Library, Room 019  
Bridgewater State University  
Bridgewater, MA 02325



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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 \_\_\_\_\_

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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

\_\_\_\_\_ Print Name of Applicant



**Return completed documentation of licensure status to:**

College of Graduate Studies  
Maxwell Library, Room 019  
Bridgewater State University  
Bridgewater, MA 02325