



**College of Graduate Studies**

<p><b>APPLICATION DEADLINES</b></p> <p>October 1    Spring Admission  February 1    Summer Admission  April 1        Fall Admission</p>	<p><b>PLANNED ENTRANCE PERIOD</b></p> <p><input type="checkbox"/> Fall    <input type="checkbox"/> Spring    <input type="checkbox"/> Summer</p> <p><b>Off-Campus Site:</b> _____</p>
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**APPLICATION FOR ADMISSION**

Mail the completed application for admission to the College of Graduate Studies with a non-refundable fee of \$50.00 (check or money order only) made payable to Bridgewater State University. For complete details regarding the application for admission, consult the College of Graduate Studies section of the current university catalog.

The applicant must request that the following materials be sent to the College of Graduate Studies:

1. Official college and university transcripts of all undergraduate and graduate course work
2. Three appropriate letters of recommendation

**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 or Province Zip Code/Postal Code Country

Mailing Address (if different from above) \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Telephone Home \_\_\_\_\_ Daytime \_\_\_\_\_  
Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Have you applied 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 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.

## DEGREE AND PROGRAM

Please check the degree and program of study to which you are applying:

- Master of Education in: \_\_\_\_\_ Licensure:  Initial  Professional
- Master of Arts in Teaching (MAT): \_\_\_\_\_
- Post-Baccalaureate Teacher Licensure in: \_\_\_\_\_
- Post-Baccalaureate Teacher Licensure in Special Education:  Teacher of Students with Moderate Disabilities  PreK-8  5-12  
 Teacher of Students with Severe Disabilities (all levels)
- Master of Education in Special Education:  Initial Licensure Teacher of Students with Moderate Disabilities  PreK-8  5-12  
 Initial Licensure Teacher of Students with Severe Disabilities (all levels)  
 Professional Licensure Teacher of Students with Moderate Disabilities  PreK-8  5-12  
 Dual Licensure BSE and MEd - Moderate Disabilities and Elementary Education  
 Special Education - Non-licensure
- Certificate of Advanced Graduate Studies (CAGS) in: \_\_\_\_\_
- Post-Master's Licensure in: \_\_\_\_\_

## PREVIOUS INSTITUTIONS ATTENDED

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

Institution _____	Total Semester Hours Earned _____
From (Month/Year) _____ To (Month/Year) _____	Date of Degree (Month/Year) _____ GPA _____
Institution _____	Total Semester Hours Earned _____
From (Month/Year) _____ To (Month/Year) _____	Date of Degree (Month/Year) _____ GPA _____
Institution _____	Total Semester Hours Earned _____
From (Month/Year) _____ To (Month/Year) _____	Date of Degree (Month/Year) _____ GPA _____
Institution _____	Total Semester Hours Earned _____
From (Month/Year) _____ To (Month/Year) _____	Date of Degree (Month/Year) _____ GPA _____

## TEST REQUIREMENTS

The verbal/quantitative/analytic sections of the Graduate Record Examination (GRE) are required for admission to certain master's degree programs. Refer to the most recent university catalog for details on your program.

\*GRE (date taken) \_\_\_\_\_ (to be taken) \_\_\_\_\_

Candidates for education programs leading to initial licensure need to provide a qualifying score on the Communication and Literacy Skills portions of the Massachusetts Tests for Educator Licensure (MTEL). Students interested in the M.Ed. in Elementary Education must also provide the General Curriculum content test scores.

\*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, with the 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 _____

**TEACHING CERTIFICATES AND/OR LICENSES HELD**

College of Education candidates must complete this section:

Title \_\_\_\_\_ Issued by \_\_\_\_\_ Date Issued \_\_\_\_\_

Title \_\_\_\_\_ Issued by \_\_\_\_\_ Date Issued \_\_\_\_\_

**PERSONAL STATEMENT**

Prepare a brief, but careful statement regarding the reasons you want to pursue graduate work in this field, your specific interest and experiences in this field, and your career plans.

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



**College of Graduate Studies  
LETTER OF RECOMMENDATION**

**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 \_\_\_\_\_ in \_\_\_\_\_
- Post-Baccalaureate Teacher Licensure in \_\_\_\_\_
- Certificate of Advanced Graduate Study (CAGS) in \_\_\_\_\_
- Post-Master's Licensure in \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, 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 provide a general statement indicating the applicant's outstanding strengths and weaknesses and his/her capacity for graduate study. Please add any other information you consider pertinent.

IV. Please check the category below which most accurately describes the applicant's ability to successfully complete the degree program indicated above:

- |          |                    |          |                                   |
|----------|--------------------|----------|-----------------------------------|
| 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**

**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 \_\_\_\_\_ in \_\_\_\_\_
  - Post-Baccalaureate Teacher Licensure in \_\_\_\_\_
  - Certificate of Advanced Graduate Study (CAGS) in \_\_\_\_\_
  - Post-Master's Licensure in \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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- 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 provide a general statement indicating the applicant's outstanding strengths and weaknesses and his/her capacity for graduate study. Please add any other information you consider pertinent.

IV. Please check the category below which most accurately describes the applicant's ability to successfully complete the degree program indicated above:

- |          |                    |          |                                   |
|----------|--------------------|----------|-----------------------------------|
| 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



BRIDGEWATER

STATE UNIVERSITY

College of Graduate Studies
LETTER OF RECOMMENDATION

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
Post-Baccalaureate Teacher Licensure in
Certificate of Advanced Graduate Study (CAGS) in
Post-Master's Licensure in

Under the provisions of the Family Educational Rights and Privacy Act of 1974, 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%
2. Very Good - Upper 10%
3. Good - Upper 20%
4. Average - Upper 50%
5. Below Average
6. No basis for judgement

Table with 6 columns (1-6) and 9 rows (A-I) for rating factors: Breadth of general knowledge, Emotional maturity, Initiative, Perseverance, Written communication skills, Oral communication skills, Ability to analyze a problem and formulate a solution, Independence, Potential for success in chosen specialization.

(over)

III. Please provide a general statement indicating the applicant's outstanding strengths and weaknesses and his/her capacity for graduate study. Please add any other information you consider pertinent.

IV. Please check the category below which most accurately describes the applicant's ability to successfully complete the degree program indicated above:

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

# 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:

- 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?
  - Yes  No

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

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

If in EDUCATIONAL LEADERSHIP, indicate the licensure position:

- Principal/Assistant Principal
- Superintendent/Assistant 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

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 a state other than Massachusetts, please provide pertinent information (state, licensure area, date of licensure).
5. Attach a photocopy of your educator's license(s) to this form.
6. Please sign below. Signature is required.

Signature of Applicant	Date
Print Name	

.....  
**Educational Leadership or Reading Applicants must have their administrator complete the following:**

This is to certify that \_\_\_\_\_ has taught successfully as a full-time teacher in our school, elementary or secondary level \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Signature of School Administrator: \_\_\_\_\_ Title \_\_\_\_\_

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

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