



College of Graduate Studies

ACCELERATED POST BACCALAUREATE PROGRAM (APB) SECONDARY EDUCATION APPLICATION ONLY

APPLICATION DEADLINES

December 1 Spring Admission
April 1 Summer Admission
July 15 Fall Admission

PLANNED ENTRANCE PERIOD

Fall Spring Summer

APPLICATION FOR ADMISSION

Mail the completed application for admission to the College of Graduate Studies office 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 transcripts of all undergraduate and graduate course work
2. Qualifying scores on the Communication and Literacy Skills and subject area tests of the Massachusetts Tests for Educator Licensure (MTEL)
3. Résumé
4. One two-page essay describing your desire to be a teacher.

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 indicate the subject area in which you are seeking licensure: _____

Indicate Grade Level: 5-8 8-12

Note: Candidates who are applying for licensure in the field in which they did not major are subject to a review of their course background in the licensure area. Additional content courses may be required.

APB English, History, and Music applicants will have their undergraduate degree transcripts reviewed by the department to determine if additional courses are required to be completed prior to the beginning of their practicum.

PREVIOUS INSTITUTIONS ATTENDED

List the colleges and/or universities you have attended, with the most recent first. In addition, official copies of your college transcripts indicating degree conferred are required.

Institution _____ Total Semester Hours Earned _____

From (Month/Year) _____ To (Month/Year) _____ Date of Degree (Month/Year) _____ GPA _____

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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

Candidates must provide qualifying scores on the Communication and Literacy Skills and subject area tests of the Massachusetts Tests for Educator Licensure (MTEL). Copies of the qualifying scores must be sent to the College of Graduate Studies.

*Communication and Literacy Skill: (date taken) _____ (to be taken) _____

*Subject Area (date taken) _____ (to be taken) _____

Important: It is the applicant's responsibility to inform the College of Graduate Studies if a qualifying score on any portion of the exam has not been achieved and the date on which the applicant plans to retake the exam.

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 _____

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

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"/> Early Childhood		
<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	



Return completed documentation of licensure status to:

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