



College of Graduate Studies

Leading Educators through Administrative Development (LEAD) Admission is on a rolling basis, though completed applications must be received at least six weeks prior to the start of the semester.	PLANNED ENTRANCE PERIOD <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
	On Campus: _____ Off Campus: _____

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. Qualifying scores on the Communication and Literacy Skills portions of the Massachusetts Tests for Educator Licensure (MTEL)
3. Three appropriate letters of recommendation
4. Two-page statement reflecting your Educational Leadership philosophy.

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:

Gender Male Female

To what other colleges/universities are you applying? _____

Are you currently unemployed? Yes No

If yes, are you working with a career center in Massachusetts? Yes No _____

Are you planning to apply for a Graduate Assistantship (full-time students only)
 Graduate Research Assistantship (full or part-time students)

DISCLOSURES

Have you ever been placed on probation, academically dismissed, or withdrawn for any reason from a previous college or university you attended?

Yes No

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.

AREA OF LICENSURE

- Principal / Assistant Principal
- Superintendent /Assistant Superintendent
- Special Education Administrator
- School Business Administrator
- Supervisor / Director

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

Candidates must provide a qualifying score on the Communication and Literacy Skills portions 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 Skills (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 two-page statement reflecting your Educational Leadership philosophy.

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 Permanent _____ Daytime _____

Name _____
Last First Middle

Current Address _____
Number and Street

City State or Country Zip Code

E-mail Address _____

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 judgment

	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 or 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

III. Please provide a general statement indicating the applicant's outstanding strengths and weaknesses and his or 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 _____

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III. Please provide a general statement indicating the applicant's outstanding strengths and weaknesses and his or 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 _____

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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:

- 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 Communication and Literacy portion of the Massachusetts Tests for Educator Licensure (MTEL). Please refer to a. or b.

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:

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Bridgewater State University
Bridgewater, MA 02325