

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 Have you ever been placed on probation, academically dismissed, or withdrawn for any reason from a previous college or university you attended?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 institutions' Dean of Students.

DEGREE AND PROGRAM

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

Master of Arts: English Psychology

Master of Science Computer Science Athletic Training Criminal Justice 5th year

Concentration _____

Physical Education Human Performance & Health Fitness Strength & Conditioning

Individualized Adapted Physical Education Applied Kinesiology

Master of Public Administration (MPA) Concentration _____

PREVIOUS INSTITUTIONS ATTENDED

List all 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 _____

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TEST REQUIREMENTS

The verbal/quantitative/analytic sections of the Graduate Record Examination (GRE) are required of all master's degree applicants, except candidates for the Master of Science in Management, who are required to submit results of the GMAT.

*GRE (date taken) _____ (to be taken) _____

The Graduate Admission Management Test (GMAT) is required of all candidates for admission to the Master of Science in Management program.

*GMAT (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 _____

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%
- 2. Very Good - Upper 10%
- 3. Good - Upper 20%
- 4. Average - Upper 50%
- 5. Below Average
- 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 _____

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(over)

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Signature _____ Date _____

Name (*please print*) _____ Position _____

Address _____

Number and Street

City

State or Country

Zip Code

Daytime Telephone (_____) _____ E-mail _____

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