

To be completed by Applicant's Advisor:

I have verified the information on this application. The student has met all requirements for admission to the Teacher Education Program.

Advisor's Signature: _____ **Date:** _____

Licensure programs:

Early Childhood Educ. (preschool-grade 3)

Middle Childhood Educ. (grades 4-9)

Language Arts
Science

(Choose two)

Math
Social Studies

Adolescent to Young Adult Educ. (grades 7-12)

Integrated Language Arts
Integrated Mathematics
Integrated Social Studies

Integrated Science
Single - Life, Earth, Chemistry **(Circle One)**
Dual - Earth, Chemistry, Physics **(Circle Two)**

Multi-Aged Educ. (preschool-grade12)

Health
Music
Visual Arts

Intervention Specialist
Physical Education

Endorsements

Middle School Generalist
TESOL

Reading

ACTION OF THE EDUCATION COUNCIL ON THE APPLICANT'S REQUEST FOR ADMISSION

Date _____ **Council Member's Signature:** _____

_____ Approved for admission into the Teacher Education program.

_____ **Not** approved for admission into the Teacher Education program.

**Upon successful completion of all requirements, return this form to the education department.
Ruff Learning Center Room 210**