

APPLICATION FOR ADMISSION TO CANDIDACY

NAME: _____ STUDENT NUMBER: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

MAJOR: _____ Collaborative Teacher, K-6 _____, 6-12 _____
_____ Elementary Education K-6
_____ P-12 or 6-12 major fields _____
_____ Teaching Field(s)
_____ Alternative Class A Programs _____
_____ Teaching Field(s)
_____ *Instructional Leadership (MAED)
_____ Instructional Leadership (Ed.S.)
_____ *Counseling, School
_____ Counseling, Community
_____ Health and Human Performance, HPER
_____ Other

- _____ 1. Have you maintained a B average on the first 12 hours or more of graduate work?
- _____ 2. Do you have a planned Program of Study signed by your advisor?
- _____ 3. If you have not followed your Program of Study, have you met with your advisor and filed a change of program form?

Date

Student Signature

Advisor's Signature

Dean's Signature

Distribution: Dean, College of Education
Registrar's Office
Advisor
Student

*We will need verification of successful teaching experience.

Revised 11/07