

New Admit	<input type="checkbox"/>
License Change	<input type="checkbox"/>
Additional License	<input type="checkbox"/>

Verification of Acceptance into Graduate Educator Licensure Program

Name _____ SSU ID# _____ Date _____

Title of Graduate Program _____

Licensure Sought: (Check One) _____ No Licensure Sought (please initial) _____

- | | |
|---|--|
| <input type="checkbox"/> Chemistry 8-12 – Initial | <input type="checkbox"/> Math 8-12 – Initial |
| <input type="checkbox"/> Early Childhood PK-2 – Initial | <input type="checkbox"/> Math 5-8 – Initial |
| <input type="checkbox"/> Elementary 1-6 – Initial | <input type="checkbox"/> Moderate Disabilities 5-12 – Initial |
| <input type="checkbox"/> English 8-12 – Initial | <input type="checkbox"/> Moderate Disabilities PK-8 – Initial |
| <input type="checkbox"/> English as a Second Language
5-12 – Initial | <input type="checkbox"/> Principal/Asst Principal 9-12 – Initial |
| <input type="checkbox"/> English as a Second Language
PK-6 – Initial | <input type="checkbox"/> Principal/Asst Principal 5-8 – Initial |
| <input type="checkbox"/> FL – Spanish 5-12 – Initial | <input type="checkbox"/> Principal/Asst Principal PK-6 – Initial |
| <input type="checkbox"/> FL – Spanish PK-6 – Initial | <input type="checkbox"/> Reading (All Levels) – Initial |
| <input type="checkbox"/> Guidance Counselor 5-12 – Initial | <input type="checkbox"/> School Adjustment Counselor (All Levels)
– Initial |
| <input type="checkbox"/> Guidance Counselor PK-8 – Initial | <input type="checkbox"/> Supervisor/Director (All Levels) – Initial |
| <input type="checkbox"/> History 8-12 – Initial | <input type="checkbox"/> Visual Art 5-12 – Initial |
| <input type="checkbox"/> Library (All Levels) – Initial | <input type="checkbox"/> Visual Art PK-8 – Initial |

This student has been **admitted** into the licensure program (Coordinator, please check one):

Initial license

Licensure Admissions Requirements Completed: *(Coordinator, please initial each line.)*

_____ Bachelor's degree from accredited institution

_____ Content Review completed, if applicable

_____ Undergraduate GPA of at least 2.75

_____ Passing score on MTEL Communication & Literacy Skills Test

Reading _____ Writing _____

_____ Passing score on appropriate MTEL Subject Test, if required

_____ Full acceptance into appropriate post-baccalaureate or graduate program

Program Coordinator's Signature

Student's Signature

Date

This student chooses **not** to apply for the licensure program.

Program Coordinator's Signature

Student's Signature

Date