

**APPLICATION FOR ADMISSION TO CANDIDACY (Decision Point 1)
Master of Arts in Teaching (Initial Certification) - Early Childhood Education
DEPARTMENT APPROVAL CHECKLIST
For Spring, 2009 Admission**

Note: The following items must meet the criteria as outlined in the graduate catalog and on the student's Program of Study.

Teacher Candidate: _____ Date: _____

AASU Student ID # _____

Application Approved by: _____
Graduate Program Coordinator Signature

The following items **MUST** be checked by the department
(Note to Student: Please do not mark any items below)

✓	An earned baccalaureate degree from a regionally accredited institution with a cumulative GPA of 2.5 or higher. <i>(This criterion was met when the student was provisionally admitted).</i>
	An earned 3.0 GPA (overall) in the last 60 hours of undergraduate work. <i>(This criterion is analyzed by reviewing the transcript(s) submitted to Graduate Studies. The student was informed whether an appeal is necessary).</i>
	Completed application.
	Satisfactory completion of EDUC 6000 with a grade of "B" or better EDUC 6000 (grade) _____ Satisfactory completion of EDUC 6100 with a grade of "B" or better EDUC 6100 (grade) _____ Satisfactory completion of EDUC 6200 with a grade of "C" or better EDUC 6200 (grade) _____ Overall GPA of 3.0 or higher for EDUC 6000, EDUC 6100, and EDUC 6200 GPA: _____
	Open/activated Live Text Account Date activated _____
	Completion of Basic Skills Assessment requirement (check applicable method): Praxis I (no scores accepted after 3/7/07) _____ GACE _____ Exemption Scores: SAT ____ ACT ____ GRE ____ Other (circle one) (CBEST, CLAST, FTCE _____) <i>(Note to candidate: Must attach proof of completion.)</i>
	2 positive candidate disposition assessments from College of Education (non-Vista) faculty in LiveText. <i>(Note to candidate: Please print and attach assessment results with the application, if possible).</i>
	Two letters of recommendations which address personal demeanor with peers, and/or students and parents. The letters should also address personal disposition regarding the candidate's initiative and responsibility for his/her own learning. Each letter must explain these requirements.
	Proof of instructional liability insurance (waived with proof of employment in a public school system. Submit copy of signed Employment Verification form.) Application forms available in UH 269.

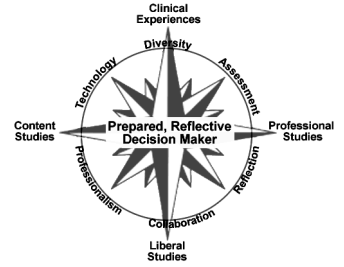
The School of Graduate Studies Office will send the candidate his or her application results. If the requirements for Admission to Candidacy (Decision Point 1) are satisfied, the candidate may register for the upcoming semester.

Return application to:
Dr. Elizabeth O. Crawford
Department of Early Childhood Education
University Hall Room 258

Deadline: November 17, 2008 by 5:00 p.m. for Regular Admission for Spring, 2009 Term



**Armstrong Atlantic State University
Department of Early Childhood Education
Master of Arts in Teaching (M.A.T.)
Program with Initial Teacher Certification**



**APPLICATION FOR ADMISSION TO CANDIDACY (Decision Point 1)
Master of Arts in Teaching (Initial Certification) - Early Childhood Education**

FOR OFFICE USE ONLY. Do not write in this space.

Admitted _____ Date _____ Card No. _____

Name: _____

Last

First

M.I.

AASU 907#: _____ Date of Birth: _____

Mailing Address: _____

Permanent Address (if different): _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

Campus enrolled: ___AASU ___Brunswick ___Camden ___Liberty Center

I have reviewed this application and affirm that all criteria have been met for Admission to Candidacy for the M.A.T. Program in Early Childhood Education.

(Graduate Program Coordinator)

(Date)

Return application to:

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Dr. Elizabeth O. Crawford
Graduate Program Coordinator
Department of Early Childhood Education
University Hall Room 258

Deadline: November 17, 2008 at 5:00 p.m. for Regular Admission for Spring, 2009 Term

8/1/2008

LiveText Disposition Request Data Form

Instructions: Please use this form to communicate to the Department of Early Childhood Education which professors were requested to complete the Disposition Assessments for Decision Point 1.

Please note that all dispositions must be received by the professors no later than two weeks prior to the application due date.

Full Name: _____

AASU ID # 907- _____

LiveText Username: _____

E-Mail Address: _____

Phone: _____

Home

Cell/Alternate

Disposition Request #1

Faculty Member Name: _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

Disposition Request #2

Faculty Member Name: _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

REQUESTING DISPOSITION ASSESSMENTS IN LIVETEXT

1. First, contact the instructor in person, via email, or via phone and let them know that you are requesting a disposition assessment from them. If they agree, proceed to the next step in the process.

2. Log into your LiveText account and create a Disposition request document in LiveText using the existing template "**Candidate Disposition Form Request**" (in the **GA: Armstrong Atlantic State University** >> **Student Template** folder).

A. Choose a folder (GA: Armstrong Atlantic State University) (Student Templates)

B. Choose a template (Candidate Disposition Form Request (Template))

3. Use the following naming convention for the Title of your document when creating your disposition request document: (***This is EXTREMELY IMPORTANT***)

(ex.)

(your full name) –(your major) – Disposition Form - Semester and Year

Jane Smith – ECE-BSED – Disposition Form – Fall08

(ECE-MAT, etc.)

4. Edit the section which requests your name, program, and other relevant information.

NOTE: This is at the bottom of the document and you may need to scroll down the page once you have clicked "edit". Once you have typed in this information, select the "SAVE" button at the bottom of the page and then click the "FINISH" button at the top right of the page. At the top of the screen, select the "SUBMIT FOR REVIEW" link. In the box that pops up, type in the last name of the person who will be completing your dispositions form. A list will appear in the lower part of the pop-up box or in the top part of the pop-up box itself. Click on the appropriate reviewer's name so that it appears in the top part of the pop-up box.

Edit Document | Submit for Review Sh

Type in individual names or usernames.
(example: John Doe, Jane Smith, or janesmith)

Submit to Reviewers:

Nancy Luke <lukenanc>

Submit | Look in: My institutions All Users

5. Select the "Submit" button. You should receive a confirmation message stating that the submission was successful. Check later in your **Reviews** area in LiveText to see the disposition form that has been filled out for you. NOTE: If you are submitting this dispositions request to more than one reviewer, you may repeat steps 4 and 5 using the same document but altering the information and searching for an additional reviewer in the pop-up box listing possible reviewers.

6. Be patient. Once your reviewer has completed your disposition form, you can check your results in your **Reviews** area. Remember to click on the "Sent for Review" tab and then click the link to view your review. **Note: To print your assessments for your application packet, click Ctrl + P.**

Letter of Recommendation Form

Instructions: Please use this form to communicate to the Department of Early Childhood Education the names and contact information of the individuals who completed your letters of recommendation, including their relationship to you, for Decision Point 1.

Full Name: _____

AASU ID # 907- _____

LiveText Username: _____

E-Mail Address: _____

Phone: _____

Home

Cell/Alternate

Name of Reference #1: _____

Mailing Address: _____

Job Title: _____ Telephone: _____

Relationship to Student: _____

Length of Time the Reference Has Known Student: _____

Name of Reference #2: _____

Mailing Address: _____

Job Title: _____ Telephone: _____

Relationship to Student: _____

Length of Time the Reference Has Known Student: _____

Armstrong Atlantic State University – College of Education
Employment Verification Form

This form should be signed by the school’s principal or the principal’s designee.

Please print to ensure legibility.

Name: _____ Student ID# 907-_____

Degree: _____ Major: _____

I verify that the person named above is employed currently as a full-time teacher by

_____ in _____
Name of city or county Name of School

Please print to ensure legibility.

Name: _____ Title: _____

Signature: _____ Date: _____

EARLY CHILDHOOD EDUCATION

**Armstrong Atlantic State University
11935 Abercorn Street – Savannah, GA 31419**

PROFESSIONAL LIABILITY INSURANCE VERIFICATION

As part of my professional teacher education preparation I understand that I will participate in certain laboratory experiences in school systems beyond the university campus. I am aware that I must have liability insurance to participate in laboratory experiences.

NOTE: Provide proof of Liability Insurance, NOT Medical Coverage.

THEREFORE:

I, _____ have tort liability insurance as follows:
(Print Full Name)

ID: _____

(Name of Company/Organization Providing Coverage)

- OPTIONS:
- SGAE Membership (expires 8/31)
(period of coverage: 9/1 to 8/31)
 - SPAGE Membership
 - SGFT Membership
 - Private Insurance (specify)

Beginning Date: _____ through: August 31, 20 _____.
(Period of Coverage)

(Student's Signature)

(Date)

- Attach a copy of your membership card or receipt as proof of coverage.
(or this form initialed by the department secretary when purchasing coverage.)
- Membership needs to be renewed every year in order to maintain coverage.

Early Childhood Education

ATTENTION

ALL EDUCATION STUDENTS

(UNDERGRADUATE AND GRADUATE)

ALL TEACHER CANDIDATES

WILL INCUR A \$250.00

INTERNSHIP FEE.

THIS FEE MUST BE PAID AT THE TIME

YOU SUBMIT YOUR INTERNSHIP APPLICATION.

Student's Signature: _____ Date: _____

Name Printed: _____