

**Department of Middle and Secondary Education**

**APPLICATION FOR ADMISSION TO CANDIDACY – Initial Certification  
Master of Arts in Teaching in Middle Grades Education  
DEPARTMENT APPROVAL CHECKLIST**

(Previous versions of application to candidacy forms are not accepted.)

**Submission Deadlines for Graduate Students:**

July 15 for admission for Fall Semester  
November 15 for admission for Spring Semester  
April 15 for admission for Summer Sessions

Candidate \_\_\_\_\_ Date of submission \_\_\_\_\_  
(Print Clearly Full legal name) (MM/DD/YYYY)

AASU ID# 907 \_\_\_\_\_ Admission requested for \_\_\_\_\_  
(Semester) (Year)

Concentration Content Areas: Language Arts Mathematics Science Social Science  
(As per program of study)

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Clearly)

Dept Head: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Clearly)

The following items **MUST** be checked by the department:

	Attach photocopy of bachelor's degree from a regionally-accredited institution with a cumulative GPA of 2.5 unrounded or higher. _____ GPA Date awarded _____
	Attach copy of current trans-guide in SHIP for all undergraduate courses and graduate courses.
	Satisfactory completion of EDUC 6000 with a grade of "B" or higher. EDUC 6000 (grade) _____
	Satisfactory completion of EDUC 6100 with a grade of "B" or higher. EDUC 6100 (grade) _____ Open/Activated LiveText Account - Date activated _____
	<b>Completion of Educator Tests required for admission to Candidacy:</b> GACE Basic Skills: Date Taken _____ (When you write tests request that scores be sent to you <b>and</b> AASU.) Praxis I: (see score acceptance restrictions on reverse) Date Taken _____ attach copy of scores. Exemption: SAT V _____ SAT M _____ Date Taken _____ (attach copy of scores) ACT E _____ ACT M _____ (Date Taken _____) - attach copy of scores. GRE V _____ GRE Q _____ (Date Taken _____) - attach copy of scores. Other (circle one): CBEST, CLAST, FTCE (Date Taken _____) - attach copy of scores.
	<b>Two (2) Candidate Disposition Assessments</b> (Print the names of each person who completed the assessments. Attach copies of the assessments.) _____ _____
	<b>Criminal Background Check</b> _____ Waiver due to employment as teacher of record. (Attach completed EVF form.) _____ Submitted for processing to the Office of the Dean, College of Education Date _____ Dean's Office staff signature _____ _____ Completed Date _____ Dean's office staff signature _____
	<b>Professional Tort Liability Insurance</b> (Attach a copy of insurance card as proof to the liability insurance form.)

Submit application and required documentation including advisor's and student's signatures & dates to:  
The Department Head, Middle and Secondary Education Dep., University Hall 269  
Armstrong Atlantic State University, 11935 Abercorn Street, Savannah, GA 31419-1997

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

Admitted \_\_\_\_\_ Date \_\_\_\_\_ Card No. \_\_\_\_\_

NAME \_\_\_\_\_  
(Miss, Mrs., Ms. Mr.) (Full legal name)

Other Names Used: \_\_\_\_\_

AASU Student ID# 907 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

Campus enrolled: \_\_\_\_\_ AASU \_\_\_\_\_ Brunswick \_\_\_\_\_ Camden \_\_\_\_\_ Liberty Center \_\_\_\_\_ Savannah State

Mailing Address:

\_\_\_\_\_  
*Number and Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

Permanent Address (if different from mailing address):

\_\_\_\_\_  
*Number and Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

Home Telephone No. \_\_\_\_\_ Work/Cell/Other Telephone No. \_\_\_\_\_

AASU student e-mail address \_\_\_\_\_

Personal e-mail address \_\_\_\_\_

I have reviewed this application and affirm that all criteria have been met for Admission to Candidacy for the  
MAT in Middle Grades Education with concentrations in \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_  
(Department Head)

\_\_\_\_\_  
(Please print)

\_\_\_\_\_  
(Department Head signature)

(Date) \_\_\_\_\_  
(MM/DD/YYYY)

Department of Middle and Secondary Education

ALL TEACHER CANDIDATES

enrolled in Armstrong Atlantic State University's

**Bachelor of Science in Middle Grades Education**  
with Initial Teacher Certification degree program

OR

**Master of Arts in Teaching in Middle Grades Education**  
with Initial Teacher Certification degree program

OR

**Post-Baccalaureate, Teacher Certification, Non-Degree Programs**

will be able to register **tentatively** during the Advance Registration period for courses that require admission to candidacy in the department of middle and secondary education.

If the candidate has **not** been admitted to candidacy by the first day of classes of that semester, the candidate will be **dropped** from courses requiring admission to candidacy in the department of middle and secondary education.

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I, \_\_\_\_\_, have read the above policy and understand that if  
(PRINT Legal Name as it appears in S.H.I.P.)

I am not admitted to candidacy by the first day of class of \_\_\_\_\_ Semester \_\_\_\_\_ Year

I acknowledge that I will drop courses requiring admission to candidacy or I will be administratively withdrawn from courses requiring admission to candidacy in the department of middle and secondary education.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
AASU ID#

\_\_\_\_\_  
Date