

Department of Middle and Secondary Education
APPLICATION FOR ADMISSION TO CANDIDACY – Initial Certification
Post-Baccalaureate Non-Degree Certification Only
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

Teacher Candidate _____ Date of submission _____
 (MM/DD/YYYY)

AASU Student ID _____ Admission requested for: _____
 (Semester) (Year)

Grades Concentration Areas: _____

OR

Secondary Content Area: _____

Student Signature _____ Date: _____

Advisor: _____ Signature: _____ Date: _____
 (Print Clearly)

Dept Head: _____ Signature: _____ Date: _____

The following items MUST be checked by the department:

	An earned baccalaureate degree from a regionally accredited institution with a cumulative GPA of 2.5 unrounded or higher. _____ GPA (attach a photocopy)
	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 better. EDUC 6000 (grade) _____
	Satisfactory completion of EDUC 6100 with a grade of "B" or better _____ EDUC 6100 grade with a grade of "B" or better.
	Open/Activated LiveText Account Date activated _____
	<u>Completion of Educator Tests required for admission to Candidacy:</u> GACE Basic Skills: Date Taken _____ (When you write tests request that scores be sent to you and 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.
	Two (2) Candidate Disposition Assessments (Print the names of each person who completed the assessments. Attach copies of the assessments.) _____
	Criminal Background Check – do not attach to application packet _____ 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 _____
	Professional Tort Liability Insurance Attach a copy of insurance card with liability insurance form as proof.

Return application to:

The Department Head
 Department of Middle and Secondary Education, Armstrong Atlantic State University,
 11935 Abercorn Street, Savannah, GA 31419-1997
 or deliver to University Hall Room 269

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Post-Baccalaureate Non-Degree Certification Only

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: _____

Student ID _____ Date of Birth _____

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. _____ Cell . _____

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 Post-Baccalaureate Program for certification in _____ Education with concentration(s) in _____.

_____ (Department Head)

_____ (Please Print)

_____ (Department Head signature)

(Date) _____
(MM/DD/YYYY)

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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.

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

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