

# Middle Grades and Secondary Education

## APPLICATION FOR ADMISSION TO CANDIDACY – Initial Certification Bachelor of Science in Education in Middle Grades Education DEPARTMENT APPROVAL CHECKLIST

It is very important that the following items meet the criteria as outlined in the catalog.

You may use this form as a coversheet.

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Teacher Candidate \_\_\_\_\_ Date \_\_\_\_\_

AASU Student ID \_\_\_\_\_

Application Approved by: \_\_\_\_\_  
 Department Representative Signature

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

	Middle Grades Education: Concentration Area 1 _____ Concentration Area 2 _____
	Student has a cumulative GPA of 2.5 or better (non-rounded) Student GPA Listed Here _____
	Satisfactory completion of EDUC 2110, EDUC 2120 and EDUC 2130 w/ “C” or better EDUC 2100 (grade) _____ EDUC 2120 (grade) _____ EDUC 2130 (grade) _____
	Satisfactory completion of EDUC 3100 w/ “C” or better and Live Text Account activated EDUC 3100 (grade) _____ LiveText Account Activated (date) _____
	<b><u>Completion of Basic Skills Assessment requirement (check applicable method):</u></b> Praxis I: (no scores accepted after 3/7/07) _____ (Date Taken _____) GACE: Date Taken _____ Exemption: SAT V _____ SAT M _____ (Date Taken _____) ACT E _____ ACT M _____ (Date Taken _____) GRE V _____ GRE Q _____ (Date Taken _____) Other (circle one): CBEST, CLAST, FTCE _____ (Date Taken _____) <b><i>Attach proof of completion.</i></b>
	Candidate Disposition Assessments (two required)
	<b>Additional requirements of the department:</b>

*Return application to:*  
**Dr. Michael Mahan, Department Head**  
**Middle Grades and Secondary Education**  
**University Hall Room 269**

# Middle Grades and Secondary Education

## APPLICATION FOR ADMISSION TO CANDIDACY – Initial Certification Bachelor of Science in Middle Grades Education

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

E-mail Address \_\_\_\_\_

I have reviewed this application and affirm that all criteria have been met for Admission to Candidacy for the BSED in Middle Grades Education.

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

\_\_\_\_\_  
(Date)

*Return application to:*

**Dr. Michael Mahan, Department Head**  
**Middle Grades and Secondary Education**  
**University Hall Room 269**

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**10/4/2007**  
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Middle Grades and Secondary 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 Signed \_\_\_\_\_

Name Printed \_\_\_\_\_

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Middle Grades and Secondary Education  
University Hall Room 269**

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# Middle Grades and Secondary Education

## BACKGROUND CHECK CONSENT FORM

The College of Education conducts criminal background checks on students who will be participating in field experiences, applying for admission to department teacher certification programs, and admission to Internship II. Criminal background checks must be completed every six months.

Do you have a College of Education ID card?

\_\_\_\_\_ YES If the answer is "YES," what is the number on your card? \_\_\_\_\_ Complete only Name and Social Security Number in Section A. If it is determined that you answered in error, the form will be returned to you to complete Section B in the presence of a notary public.

Did you complete this form last semester for permission to participate in field experiences/practicums?

\_\_\_\_\_ YES If the answer is "YES," complete only Name and Social Security Number in Section A. If it is determined that you answered in error, the form will be returned to you to complete Section B in the presence of a notary public.

\_\_\_\_\_ NO If the answer is "NO" to both questions, please complete both sections A and B as instructed.

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### SECTION A: (Please Print)

Full Name \_\_\_\_\_ Social Security \_\_\_\_\_

Other Names

Used \_\_\_\_\_

\_\_\_\_\_ Street  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

### Personal Disclosure

Have you ever been arrested for a charge other than a minor traffic violation? \_\_\_\_\_ YES \_\_\_\_\_ NO  
When answering this question, be sure to include any violation that resulted in a citation, dismissal or conviction including any action which you thought had been stricken from your record.

If the answer to the above question is yes, please attach a separate sheet explaining the reason.

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### SECTION B: Sign this form in the presence of a Notary Public. You must present a photo ID.

I hereby authorize the Division of Public Safety, Armstrong Atlantic State University, Savannah, Georgia, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Notary Signature \_\_\_\_\_ Date Notarized \_\_\_\_\_

(Attach notary seal)

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