

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF EDUCATION
APPLICATION FOR ADMISSION TO TEACHER EDUCATION CANDIDACY
K-6 Teacher Education**

HAVE YOU EVER APPLIED FOR CANDIDACY BEFORE? _____ **IF YES, WHAT SEMESTER?** _____

NAME (print) _____ JAG #J00 _____

MAILING ADDRESS _____
Post Office Address - OR - Street Address City State Zip Code

SOCIAL SECURITY NUMBER _____ PHONE () _____

EMAIL ADDRESS: _____@jaguar1.usouthal.edu DATE OF BIRTH (00/00/0000) _____

BULLETIN YEAR _____ (Bulletin Year if moved from old program: _____) ADVISOR _____

DEGREE STATUS: FIRST DEGREE _____ SECOND DEGREE _____ (ADJUSTMENTS REQUIRED) CERT ONLY _____

ADMISSION TO CANDIDACY REQUESTED FOR: _____ Fall _____ Spring _____ Summer _____

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE (THE FOLLOWING INFORMATION WILL BE COMPILED BY THE ADVISING OFFICE)

CC Trans Hrs _____ (64 max)	___ 6) EH 101* _____	___ 13) EDF 315 _____	___ 19) ACT ⁽¹⁹⁾ ; SAT ⁽⁴⁸⁰⁾ ; IDE 010 or RDG: _____
1) Hours:	___ 7) EH 102 _____	___ 14) EDM 310 _____	___ 20) Survey: _____
___ A) Gen Studies (48) _____	___ 8) CA 110 _____	___ 15) EPY 351 _____	___ 21) ABI/FBI F/P: Date: _____
___ B) Overall (60) _____	4 X 12: (200910 forward-C minimum)	___ 16) EPY 355 _____	___ 22) Lib Ins: _____
___ C) USA (12) _____	___ 9) Eng/LA Hrs: _____	___ 17) PRAXIS ⁽¹³⁷⁾ _____	___ 23) Interview: _____
___ 2) P/S GPA: (2.75) _____	___ 10) Math Hrs: _____	___ 18) APTT: _____	
___ 3) T/F GPA: (2.75) _____	___ 11) SCI Hrs: _____	W: _____	
___ 4) PROG GPA: (2.75) _____	___ 12) SS Hrs: _____	R: _____	
___ 5) USA GPA: (2.50) _____		M: _____	

*If EH 101 is waived, additional hours may be necessary and an adjustment must be made.

CANDIDACY REVIEW STEPS:

1) **DEPARTMENTAL RECOMMENDATION:** APPROVED DEFERRED (PENDING DEFICIENCY CLEARANCE)

SIGNATURE OF ADVISOR DATE SIGNATURE OF CHAIRMAN DATE

2) **APP REVIEWED: STUDENT SERVICES OFFICE** _____ DATE _____

3) **CANDIDACY COMMITTEE RECOMMENDATION:** APPROVED DEFERRED (PENDING DEFICIENCY CLEARANCE)

SIGNATURE OF COMMITTEE CHAIRMAN DATE SIGNATURE OF ASSOCIATE DEAN DATE

4) **FINAL REVIEW - DEFICIENCIES CLEARED - ADMITTED TO CANDIDACY:** _____
SIGNATURE DATE