

Application for Admission to Teacher Education

| | | | |
|----------------------------|----------------|------|----------------|
| Last Name | First Name | MI | Student ID |
| Major / Certification Area | | | |
| Permanent Address | | City | State Zip |
| Home Campus | PennWest Email | | Phone Number |

Advisors require evidence of the following. Reviewer initials required.

| | Requirement | Criteria/Documentation | Reviewer Initials | |
|---|---|--|-------------------|----|
| | | | YES | NO |
| 1 | All required pre-admission courses completed as designated by the program | Attach unofficial transcript (print from Student Profile) | | |
| 2 | Minimum 48 credits completed by the end of the current semester | Number of Credits Completed: _____ C or above in all required courses. | | |
| 3 | Minimum 2.8 GPA | Current GPA: _____ | | |
| 4 | Basic Skills Requirement Waived: Act 55 - 7/8/2022 - 7/8/2025 | Basic Skills requirement met or PDE Waiver granted. If PDE Waiver not granted, attach copy of all passing score reports. | | |
| | | PDE Waiver Test Type Score Date | | |
| | | Reading | | |
| | | Writing | | |
| | | Math | | |
| | | Composite Score (If Applicable) | | |
| 5 | Additional requirements completed at time of application | _____ Act 24 Arrest/Conviction Report Attached _____ Attended Mandatory Informational Meeting _____ Required Clearances Submitted to Anthology | | |

By signing this form, I agree to the following:

- I have completed this application and provided all required documentation.
- I have read and understand the COE Admission to Teacher Education Policy.
- I am familiar with the COE Disposition Policy.
- I understand that my Act 24 must be updated prior to each field experience.

Student Signature: _____ **Date:** _____

I have reviewed this application and I verify that the information has been provided and is correct. I have no knowledge of reports of behavior that would indicate the applicant does not possess the necessary disposition to become a successful educator.

"No" responses above and/or disposition issues require recommended exception before submitting. Please explain below:

Advisor Signature: _____ **Date:** _____
 Advisor: Please send Admission to Teacher Education application and required documentation to Admitteachered@pennwest.edu

- Approved for Scheduling Exception Denied

Reason for Denial:

Field Services Coordinator Signature: _____ **Date:** _____

- All Requirements Met Exception Resolved

The Office of the Dean of the College of Education has reviewed this application and full program admission is granted.

Executive Director of Clinical Experiences Signature: _____ **Date:** _____