

APPLICATION FOR ADMISSION TO TEACHER EDUCATION PROGRAM

Please complete this form and submit to:

Office of Certification & Student Teaching
School of Education
College of Charleston
Charleston, SC 29424

DATE: _____ Social Security Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ E-mail: _____

Permanent Address: _____

City: _____ State: _____ zip code: _____

Education major/minor: _____

Major advisor: _____ Minor advisor: _____

Do not write below this line

_____ **Credit hours completed**

EDFS 201 grade: _____

_____ **Overall GPA**

Scored writing sample: _____

_____ **Recommendation #1**

Technology competency: _____

_____ **Recommendation #2**

Date of Action: _____

_____ **Recommendation #3**

Approved: _____

_____ **Passing PPST scores**
On file

SIS entry: _____