

Application Checklist
Elementary Education Licensure Program

Authorization levels: Early Childhood (Age 3 to grade 4) and Elementary (Grade 3 to grade 6)

This form is to be submitted prior to turning in your completed application to the Elementary Education Licensure Program. *Applications are due March 14, 2016.*

Student Name: _____ Email: _____

Verify the completion of steps I & II with K.C. Sam, (EP 142, 552-6936, samk@sou.edu) Complete step III with your advisor and have placed in your file.

I. Coursework Requirements:

To qualify for admission, students must have completed the first two years of coursework as outlined on the “Bachelor of Arts or Science Degree in Elementary Education Initial Teaching Licensure Course Matrix”

- _____ Course matrix (gold) filled out by K.C. Sam or School of Ed Advisor (this remains in file)
- _____ Current, unofficial transcript(s) of all college or university coursework to date
- _____ Indicate your cumulative Grade Point Average (GPA of 3.0 or above is required).
- _____ Indicate total number of credits completed (minimum of 120-122 credits is required by end of Winter Term)
- _____ Passing scores on a Basic Skills test.
- _____ Written Response sign up

II. Practicum Requirements:

1. Applicants must have completed at least four of the five required practicum experiences and must be enrolled in and complete the fifth required practicum during Spring Term of the Junior year.

Practicum Type/ Grade (Must Complete One of Each by End of Junior Year)	Date Completed	Course No. (Ed 180, 209, 253, 309, etc.)	Name of Practicum Site and grade level	Supervisor’s Name or check if Petition is in file ✓
A. Head Start program/Preschool age				
B. Primary grade classroom				
C. Upper elementary classroom				
D. Special Education/Resource Room				
E. ESOL/Bilingual classroom				
Other (Specify _____)				

2. Supervisors should mail Letters of Recommendation to the School of Education. List each supervisor’s name below.

Supervisor Name, Letter 1: _____
 Supervisor Name, Letter 2: _____

Verified by K.C. Sam _____ Date _____

III. Advising:

_____ Advising appointment with an Education Faculty Advisor to verify all steps are complete.

 Faculty Advisor Signature Advisor Name, Printed Date