

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.																											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>PDE Waiver</th> <th>Test Type</th> <th>Score</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Reading</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Writing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Math</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Composite Score (If Applicable)</td> <td></td> <td></td> </tr> </tbody> </table>		PDE Waiver	Test Type	Score	Date	Reading					Writing					Math					Composite Score (If Applicable)						
		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:** _____