

Application for FORMAL ADMISSION into Shippensburg University's Teacher Prepration Program

Section I - Candidate Information - To Be Completed by Student

| | |
|------------------------|---------------|
| Name (first, last, MI) | SUID |
| Program of Study | SU Email |
| Advisor Name | Advisor Phone |

Section II - Requirements - To Be Completed with Advisor

| Block | Requirement | Criteria/Documentation | Student Int. | Advisor Int. |
|-------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| A | 48 credit hours by end of current semester | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> Number of credits Completed SSC Platform must indicate 48 credits hours by end of current semester </div> | | |
| B | 2.8 GPA <i>trending towards 3.0</i> | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> Current GPA. SCC Platform must indicate a GPA \geq 2.8 (must have 3.0 at completion to obtain PA licensure) </div> | | |
| C | Basic Skills Test Requirement | Degree Audit and/or SSC show this requirement has been satisfied <input type="checkbox"/> YES <input type="checkbox"/> No | | |
| D | Math & English Requirements | 6 Credits, Math 6 Credits, English (3 Credits Lit, 3 Credits Writing) | | |
| E | Clearance Records on file with OPPEO | Act 24 Arrest/Conviction Report; Act 34 Criminal History Check; Act 151 Child Abuse Clearance; Act 114 FBI Clearance; Professional Liability Insurance; TB Screening | | |

Section III - Candidate Attestation - To Be Completed by Student

Signing this form indicates that the candidate agrees to the following:

- I have completed this application and have verified all the information above to be accurate.*
- I am familiar with the Gates and Status Levels Matrix and will adhere to its requirements.*
- I will continue to meet with my Advisor to ensure that I am meeting all requirements for my program.*
- I understand that clearances must be updated annual for Field Placements and Student Teaching and I will take a copy of my clearance packet to my Advisor when I meet them for Formal Admission.*

Candidate Signature: _____ Date: _____

Section IV - Advisor Recommendation - To Be Completed by Advisor

- I have reviewed this application and verify that the each requirement has been met.*
- I have observed no behavior or received any unresolved reports of behavior that would indicate the candidate does not possess the necessary disposition to become a successful educator.*
- I recommend the candidate be FORMALLY ADMITTED into the Teacher Prepration Program.*

Advisor Signature: _____ Date: _____

**Please deliver completed requests to
SPH 303 or send via email to
SUEPP@ship.edu**

Processed By: _____
 Date: _____