



New Admit
License Change
Additional License

Verification of Acceptance into Graduate Educator Licensure Program

Name _____ SS ID# _____ Date _____

Title of Graduate Program _____

Licensure Sought: (Check One) No Licensure Sought (please initial) _____

Chemistry 8-12 – Initial

Math 8-12 – Initial

Early Childhood PK-2 – Initial

Math 5-8 – Initial

Elementary 1-6 – Initial

Moderate Disabilities 5-12 – Initial

English 8-12 – Initial

Moderate Disabilities PK-8 – Initial

English as a Second Language
5-12 – Initial

Principal/Asst Principal 9-12 – Initial

English as a Second Language
PK-6 – Initial

Principal/Asst Principal 5-8 – Initial

Principal/Asst Principal PK-6 – Initial

FL – Spanish 5-12 – Initial

Reading (All Levels) – Initial

FL – Spanish PK-6 – Initial

School Adjustment Counselor (All Levels)
– Initial

Guidance Counselor 5-12 – Initial

Supervisor/Director (All Levels) – Initial

Guidance Counselor PK-8 – Initial

History 8-12 – Initial

Library (All Levels) – Initial

Approval date:

This student has been **admitted** into the licensure program (Coordinator, please check one):

Initial license

Licensure Admissions Requirements Completed: *(Coordinator, please initial each line.)*

_____ Bachelor's degree from accredited institution

_____ Content Review completed, if applicable

_____ Undergraduate GPA of at least 2.75

_____ Passing score on MTEL Communication & Literacy Skills Test

Reading _____ Writing _____

_____ Passing score on appropriate MTEL Subject Test, if required

_____ Full acceptance into appropriate post-baccalaureate or graduate program

Date

This student chooses **not** to apply for the licensure program.

Approval date: