



FITCHBURG STATE UNIVERSITY

Graduate Education Programs

Knowledgeable



Skillful

FIRST STAGE REVIEW: Form T-15 **FORMAL ADMISSION TO GRADUATE EDUCATOR NON-LICENSURE OR** **PROFESSIONAL PROGRAMS**

Name: _____

Banner I.D.: _____

Street: _____

Town: _____ Zip Code _____

Telephone Number: _____

E-mail Address: _____

Program (Required): _____

This review is completed after Stage I courses.

Instructions:

- Step 1:** Review candidate records and respond to questions below regarding requirements.
- Step 2:** Make recommendations.
- Step 3:** Invite candidate response.
- Step 4:** Make a copy of this form for the candidate's advising folder.
- Step 5:** Forward the original review form along with Candidate Dispositions Assessment(s) and other supporting documents to the Licensure Office **within one week** of the advising period.

For the items below, please provide the appropriate answer. If "No" or "N/A," please note the next action step under "Comments."

REQUIREMENTS	Yes	No	N/A	Comments
1. Have Candidate Dispositions Assessment Form(s) been completed by faculty members and/or field supervisors?				
2. Has the candidate completed the core education requirements for the major?				
3. Is the candidate's overall cumulative average at least a 3.0?				
4. Is the candidate continuing with the appropriate field-based experiences (as defined by program)?				
5. Has the candidate presented evidence of <i>Educator as Reflective Leader</i> ?				
6. Has the candidate completed a pre-candidacy philosophy statement?				

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Advisor's recommendations (check all that apply):

- Retain in major
- Needs a departmental review (specify reason): _____
- Change track within major to _____
- Withdraw from a class (provide course number and title): _____
- Take specific courses (provide course number and title): _____
- Other (specify): _____

Candidate's decision (check all that apply):

- Continue in major
- Change track within major to _____
- Withdraw from a class (provide course number and title): _____
- Take specific courses (provide course number and title): _____
- Other (Specify): _____

I, _____, certify that I have reviewed this form with my advisor.

(Candidate's printed name)

I understand that I must satisfy all of the requirements outlined on this form to be approved for formal admission to the Educator Preparation Program. By signing this statement, I am indicating my wish to make a formal application to the Educator Preparation Program in:

(Major)

(Candidate's Signature)

(Date)

(Advisor's Signature)

(Date)

Is the candidate approved for formal admission to an Educator Preparation Program by the Office of the Dean of Education?

_____ Yes.

_____ No. If no, please state a reason for non-approval:

Approved by:

(Printed name of the Dean of Education/Director of Licensure)

(Signature of the Dean of Education/Director of Licensure)

(Date Approved)