

Application to School of Education – Level II Courses
 Ferris State University Teacher Certification Program – Undergraduate

Name: _____ Student Number: _____

Local Address: _____ Ferris Email: _____

_____ Phone: _____

_____ Campus: _____

I have completed all of the following requirements and am seeking entrance into the:

Elementary Certification Program Major/Minor: _____ Minor: _____

Secondary Certification Program Major: _____ Minor: _____

_____ I have officially declared my majors and/or minors

_____ I have taken and received a grade of **C or better** with a minimum **2.5 GPA** and have **no more than one repeat** in any **School of Education course (EDUC, EDCD, EDLA, EDPE, EDGP, ECTE - list grade received).**

<u>CLASS</u>	<u>DEVIATION</u>	<u>COURSE</u>	<u>KEY ASSIGNMENT COMPLETE</u>
EDUC 101			Y / N
EDUC 251			Y / N
EDUC 289			Y / N
Early Childhood Endorsement Only			
EDCD 110			Y / N
EDCD 111			Y / N

_____ I have completed at least **35 credit hours** of course work including at least the following:

- Communication course
- Math 115 or higher
- (1) Natural Sciences course
- and (1) course in each of the other General Education requirements. (Self & Society & Culture)

_____ I have a **2.5 cumulative GPA**, Current GPA: _____

_____ I have **attempted all sections of the Basic Skills Exam (BSE)-Law**, with _____. Official results must be reported to FSU.
Date attempted or passed: _____

_____ I am aware that I **must pass all sections of the Basic Skills Exam-Law**, before I may register for the 80-hr methods course(s).

_____ I have completed at least **30 hours of documented experience** with children (may be met through Level I coursework)

_____ I have met with my advisor and signed a plan of study – anticipated Semester of Student Teaching: _____.

***Required Attachments:** The forms below must be attached to the complete the Level II Application.

_____ I have signed and agree to abide by the **attached** Professional Behaviors Statement.

_____ I have signed and **attached** the Release of Student information form.

_____ I have completed a DHS clearance form (**attached** document returned from DHS).

_____ I have read, signed and **attached** the Criminal History Disclosure form.

_____ I have read, signed and **attached** the Student’s Liability/Medical Responsibility form.

_____ I have read, signed and **attached** the Field Placement Taping Agreement.

Future Requirements

_____ I understand that I must follow the host school’s policy regarding criminal background checks for field experiences and student teaching.

_____ I understand that I may be required to show TB test documentation (dependent upon school district).

_____ I understand I need current First Aid and CPR certification, to be recommended for teacher certification to the Michigan Department of Education.

_____ I understand that I must take and pass the **MTTC Subject Matter Exam** (Secondary Major or Elementary Education) before I may begin my student teaching assignment.

_____ I understand that if I have a vocational major/minor (i.e., Business, Automotive, etc.) I must contact the Vocational Authorization Office immediately at 231-591-3642. 4000 hours of work experience must be documented and approved prior to Student Teaching/Experienced Teacher Review.

Student Signature: _____

Date: _____

Advisor’s Signature: _____

Date: _____