



**DEPARTMENT OF TEACHER EDUCATION**  
**PHASE I**  
**Special Education/Generalist Admission Application**

Name \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Local Address \_\_\_\_\_  
Street City State Zip

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Major *Interdisciplinary Studies* Emph/Minor *Special Education Generalist* Email \_\_\_\_\_

**Declaration of Compliance with Program Policies**

I, (print full name) \_\_\_\_\_, agree to fully abide by Teacher Education Program policies. I am aware that I must successfully pass the appropriate content assessment exam (PLACE or PRAXIS II) prior to student teaching. I am aware that licensure will be awarded by the State of Colorado only after successful completion of all coursework and field experiences in teacher education.

\_\_\_\_\_  
 Signature of Applicant Date

***TEACHER EDUCATION OFFICE USE ONLY***

**Requirements for Admission to the Teacher Education Program:**

- \_\_\_\_\_ Professional Behavior Agreement signed
- \_\_\_\_\_ Philosophy Statement
- \_\_\_\_\_ Experience with children & youth in resume form
- \_\_\_\_\_ Recommendation form attesting to academic performance (recent instructor)
- \_\_\_\_\_ Recommendation form attesting to experience working with children (recent employer or second instructor)
- \_\_\_\_\_ Cumulative and semester GPA (must be 2.75 or higher)
- \_\_\_\_\_ 30 Academic hours completed (current ASC student in good standing)
- \_\_\_\_\_ Signed degree plan on file

ED 200 Perspectives Teach/Learn	Grade		Grade
ED 230 Lit/Lang I	_____	English 101	_____
Psyc 204 Child Development	_____	English 102	_____
Technology Proficiency	_____	Math 104 +	_____

(All above courses must be completed with a grade of "C" or better.)

\_\_\_\_\_  
 Undergraduate Teacher Education Office Signature Date

PHASE II: Theme Writing Date: \_\_\_\_\_ Result: \_\_\_\_\_ TED initials \_\_\_\_\_

PHASE III: Admission Interview Date: \_\_\_\_\_ Result: \_\_\_\_\_ TED initials \_\_\_\_\_

Teacher Education Review Date: \_\_\_\_\_ Result: \_\_\_\_\_

Student Review Committee Review Date: \_\_\_\_\_ Result: \_\_\_\_\_

Admission Status: Unconditional \_\_\_\_\_ Conditional \_\_\_\_\_ Appeal Pending \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_