**SIMPSON COLLEGE**

**APPLICATION FOR COMPLETION OF A POST BACCALAUREATE**

**TEACHING LICENSURE OR ENDORSEMENT**

**This application must be completed to be eligible for completion.**

**Please attach this to your license or endorsement application and submit everything to the Teacher Education Program Office.**

**Student Name: (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I.D.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Simpson Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I AM APPLYING FOR: (*PLEASE CHECK ONLY ONE*)**

**Teaching Licensure in:**

**\_\_\_\_\_\_\_Elementary Education \_\_\_\_\_\_\_Secondary Education \_\_\_\_\_\_\_\_K-12**

**Endorsement in:**

**\_\_\_\_\_\_\_Elementary Education \_\_\_\_\_\_\_Secondary Education \_\_\_\_\_\_\_\_K-12**

**Transition to Teaching (TtoT) \_\_\_\_\_\_\_\_\_**

**All requirements for the certificates will be completed after end of term selected: (check one specific date)**

\_\_\_\_\_\_Term 1 (October) 2024 \_\_\_\_\_\_December/T2 2024 **\_\_\_\_\_\_**Term 3 (March) 2025 \_\_\_\_\_\_Spring/T4 2025

\_\_\_\_\_\_May Term 2025 ­ \_\_\_\_\_\_Summer 1 (July) 2025 \_\_\_\_\_\_Summer 2/SX (August) 2025

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Education Program Licensure Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST ALL REQUIRED COURSES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dept** | **Course #** | **Title** | **Credits** |  |
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**PROJECTED SCHEDULE OF COURSES YET TO COMPLETE**:

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| --- | --- | --- | --- | --- |
| **Summer** | **20\_\_\_\_\_\_** |  |  |  |
| Dept | Course # | Title | **Credits** |  |
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| **Fall Semester/T1 & T2 20\_\_\_\_\_\_\_** | | |  |  |
| **Dept** | **Course #** | **Title** | **Credits** |  |
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|  |  | **Total number of credits you will take for fall semester:** |  |  |
| **Spring Semester/T3 & T4 20\_\_\_\_\_\_\_** | | |  |  |
| **Dept** | **Course #** | **Title** | **Credits** |  |
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|  |  | **Total number of credits you will take for spring semester:** |  |  |