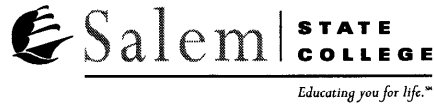


# THE GRADUATE SCHOOL

352 Lafayette Street, Salem, MA 01970-5353



www.salemstate.edu/graduate

email: graduate@salemstate.edu

New Admit	<input type="checkbox"/>
License Change	<input type="checkbox"/>
Additional License	<input type="checkbox"/>

## Verification of Acceptance into Graduate Educator Licensure Program

Name \_\_\_\_\_ SSC ID# \_\_\_\_\_ Date \_\_\_\_\_

Title of Graduate Program \_\_\_\_\_

Licensure Sought: (Check One)

No Licensure Sought (please initial) \_\_\_\_\_

- Biology 8-12 – Initial
- Chemistry 8-12 – Initial
- Early Childhood PK-2 – Initial
- Early Childhood PK-2 – Professional
- Earth Science 8-12 – Initial
- Elementary 1-6 – Initial
- Elementary 1-6 – Professional
- English 8-12 – Initial
- English as a Second Language  
5-12 – Initial
- English as a Second Language  
PK-6 – Initial
- FL – Spanish 5-12 – Initial
- FL – Spanish PK-6 – Initial
- Guidance Counselor 5-12 – Initial
- Guidance Counselor PK-8 – Initial
- History 8-12 – Initial
- Instructional Technology  
(All Levels) – Initial
- Library (All Levels) – Initial
- Math 8-12 – Initial
- Math 5-8 – Initial

<input type="checkbox"/> Middle School General Science 5-8 – Initial <i>(pending program approval)</i>
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- Middle School Humanities 5-8 – Initial
- Middle School Math/Science 5-8 – Initial
- Moderate Disabilities 5-12 – Initial
- Moderate Disabilities 5-12 – Professional
- Moderate Disabilities PK-8 – Initial
- Moderate Disabilities PK-8 – Professional
- Principal/Asst Principal 9-12 – Initial
- Principal/Asst Principal 5-8 – Initial
- Principal/Asst Principal PK-6 – Initial
- Reading (All Levels) – Initial

<input type="checkbox"/> School Adjustment Counselor (All Levels) – Initial <i>(pending program approval)</i>
<input type="checkbox"/> School Business Administrator (All Levels) – Initial <i>(pending program approval)</i>

- Supervisor/Director (All Levels) – Initial
- Visual Art 5-12 – Initial
- Visual Art 5-12 – Professional
- Visual Art PK-8 – Initial
- Visual Art PK-8 – Professional
- Professional License (not endorsed by  
SCC, student must seek license directly  
from DOE) please specify:  
\_\_\_\_\_

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

Professional license

**or**

Non-endorsed Professional license

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

\_\_\_\_\_ Initial License(s) \_\_\_\_\_

\_\_\_\_\_ Full acceptance into appropriate post-baccalaureate or graduate program

\_\_\_\_\_  
**Program Coordinator's Signature**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Program Coordinator's Signature**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**