

SOUTHERN CONNECTICUT STATE UNIVERSITY  
New Haven, Connecticut

APPLICATION FOR SUPERVISION & APPRAISAL UNDER A DSAP

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*(Please Print)*

Address: \_\_\_\_\_ ID #: \_\_\_\_\_  
*(Please Print)*

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Major: \_\_\_\_\_ e-mail \_\_\_\_\_  
*(Please Print)*

The above named student has met all admission requirements to the School of Education.

- Praxis I (officially waived or Passed) DATE: \_\_\_\_\_
- Undergraduate QPR (minimum 2.7) QPR: \_\_\_\_\_
- 2 Letters of Recommendation
- Essay
- Interviewed by Department Admissions Committee DATE: \_\_\_\_\_
- Attach a copy of planned program
- Has completed a minimum of 12 credits in Content area

\_\_\_\_\_  
*(Signature of Department Chair/ Advisor)* \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Superintendent of Schools)* \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Town)* \_\_\_\_\_  
*(School)*

I have met all admission requirements and have been formally accepted to the **School of Graduate Studies by the Dean of Graduate Studies**. I understand that I must teach at least 3 years in Connecticut for this experience to be acceptable in another state. I understand that if I fail to fulfill programmatic coursework or supervision requirements, I will be "dis-enrolled from the program and the DSAP voided by the State.

\_\_\_\_\_  
*(Student's Signature)* \_\_\_\_\_  
*(Date)*

**Do not write below this line**

**Approved for EDU 999- Supervision & Appraisal under a DSAP** for the following semester:

\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

\_\_\_\_\_  
*(Signature Director of Student Teaching/Dean of School of Education)* \_\_\_\_\_  
*(Date)*

