



SOUTHERN CONNECTICUT STATE UNIVERSITY
GRADUATE APPLICATION TO THE SCHOOL OF EDUCATION
(To be completed by the student)

Department \_\_\_\_\_

Name \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Bachelor's Degree Granted \_\_\_\_\_
(date)

College/University \_\_\_\_\_

Have you applied to the SCSU Graduate School? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received an official letter of acceptance from the Dean of the Graduate School?

Yes \_\_\_\_\_ No \_\_\_\_\_

PRAXIS I:

Passed \_\_\_\_\_ Failed \_\_\_\_\_ To Be Taken \_\_\_\_\_
(date) (date) (date)

Waived \_\_\_\_\_ On Basis Of: SAT \_\_\_\_\_ ACT \_\_\_\_\_

Current Connecticut Teaching Certification \_\_\_\_\_

INFORMATION NEEDED PRIOR TO ADMISSIONS INTERVIEW

(Check - If Completed)

- 1. Official Transcripts \_\_\_\_\_
2. Two Letters of Recommendation \_\_\_\_\_
3. Essay (250-500 Words) \_\_\_\_\_
4. Portfolio \_\_\_\_\_
5. Department Requirements as Follows: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All information must be filed with the department no later than October 1st (Fall Semester) or March 1st (Spring Semester).

All information must be submitted to \_\_\_\_\_
(name/office)