ADVISOR’S APPROVAL

Student ___________________________ A# ___________________ Cactus # ____________

Preferred Email __________________________________________________________________

Semester:   Fall___________  Spring _________

Advisors (please check/update the following items in FileMaker to make sure they are correct):

☐ Degree
☐ Email
☐ Advisor

Required Courses
B- or Better

☐ ELED 1010
  FCHD/HDFS 1500

☐ TEAL 3000/3001/3002
  TEAL 5500/ITLS 5500
  TEAL 3660
  SPED 4000
  ELED 4150
  ELED 5105
☐ Completed/Enrolled ________________ Date

☐ ELED 4000/4020
  ELED 4030/4032
  ELED 4040/4042
  ELED 4050
  ELED 4062
  TEAL 5560/ELED 4056 (practicum)
☐ Completed/Enrolled ________________ Date

☐ ECE Requirements
  HDFS/FCHD 2600
  HDFS/FCHD 2630
  HDFS/FCHD 4550
  ELED 4480
  HDFS/FCHD 4960
☐ Completed/Enrolled ________________ Date

☐ ELED 4061
☐ ELED 3100
☐ MATH 2020 (C or better)
☐ MATH 2010 (C or better)

Background Check dates cleared: _____________

Praxis (5001)

☐ 5002 – ELED: Reading and Language Arts
☐ 5003 – ELED: Mathematics
☐ 5004 – ELED: Social Studies
☐ 5005 – ELED: Science

Attach proof of test registration for any unpassed exams

Current Overall GPA: ________________

Please indicate student’s licensing areas:

☐ ELED 5250 – All students required
  ☐ ELED Only (ELED 5150)
  ☐ ECE Only (ELED 5050)
  ☐ ELED/ECE Dual (ELED 5050 and 5150)
  ☐ K-6 (ELED 5050 and 5150)
  ☐ SPED/ELED/DUAL (SPED 5210 and ELED 5150)
  ☐ SPED/ECE/DUAL (SPED 5210 and ELED 5050)
  ☐ SPED/ELED/ECE (SPED 5210 and ELED 5150
  and ELED 5050)
  ☐ Math Endorsement
  ☐ DLI ☐ OPI Adv. Mid.
  ☐ Other __________________________
  ☐ Para-Professional?

Date Admitted to Teacher Ed: ______________________________

TEAL 3002 School/Teacher/Grade: __________________________________________

Special Circumstances (transportation issues, relatives in schools, etc.): __________________________________________

______________________________________________________________

Student Teaching District Preferences: 1)______________________________ 2)______________________________

Recommended for Student Teaching: __________________________________________

Advisor’s Name (Type or Print) ___________________________ Date 01/10/2020

Advisor’s Signature __________________________________________