

Bachelor of Science in Education Program

6HFRQGDU\ 'HSDUWPHQW &KDLU¶V &KHFNOLVW

Revised 12/ 2014

This form should be submitted to the specific Department Chair by the student. The Department Chair should return the checklist directly to the School of Education.

Please note that an interview with the Department Chair may be required.

Please use other side for additional comments.

This information is also available at http://www.mga.edu/education

Student Name:			MS	MSC ID: 983		
Student Name.			1013	IC ID. 70		
Secondary Education Track :	Biology	English	ŀ	History	Mathematics	
I waive m	y right to revi	ew this reco	mmeno	dation.		
I do not v	vaive my right	to review t	his rec	ommend	ation	
6WXGHQW¶V 6LJQDW	XUH					
SPA: Cumulative 2.75 or higher?	Yes	No				
Jpper level content area GPA 3.0	or higher?	Yes	No			
Sateway course completed with	a grade of B c	r better?		Yes	No	
ey assessment met (in gateway	course?	Yes	No	N/A		
rogram plan of study with signa	itures attache	d?	Yes	No		
s there anything that may preve Program? If so, please explain:	nt this applica	nt from beir	ng succ	cessful ir	n the Education	
rogramm in so, produce explains						
Recommendation Approved?	Yes No					
Recommendation Approved with (Conditions:					
Department Chair \$ Signature					Date	