

**Arkansas State University
Program of Study for Initial Licensure**

(For use with students having a bachelor's degree not in the secondary content for licensing.)

Name: _____ **ASUID#:** _____ **Date:** _____

Address: _____ **Telephone #:** _____

_____ **E-mail:** _____

Degree(s) Held: _____ **Major:** _____ **Licensure Area Requested:** _____

Instructions: All course requirements *to be completed* are to be checked (✓). **COPIES of ALL TRANSCRIPTS** used in the evaluation must be sent to the Professional Licensure Officer of the College of Education and Behavioral Science with the completed form. Copies of the Program of Study Plan will be sent to the applicant, advisor, and department chair.

After completion of the Program of Study: When the applicant has successfully completed the Program of Study, the applicant must apply to Add an Area of Licensure by Program of Study. Please submit application at <https://adeaels.arkansas.gov/AelsWeb/>. The applicant is responsible for submitting an official A-State transcript to ADE (may be sent electronically using the code 912216). After your application has been successfully submitted, your application will be reviewed and either approved or denied by Dr. Audrey Bowser. If approved, your application will move on to a licensure counselor at the Arkansas Department of Education (ADE). If denied, you will receive an email stating why. You may be required to submit additional documentation. If denied, you will be required to start the online educator licensure application process again.

CORE/ACT/SAT: Reading _____ Math _____ Writing _____ Date taken or expected date: _____

(CORE/ACT/SAT tests must be taken and passed to be admitted into the teacher education program and admission is required to be eligible for the internship semester.)

BA or BS in the appropriate academic discipline Date of degree: _____

Overall GPA must be a minimum of 3.0 in the courses required for the Program of Study Overall GPA: _____

Major GPA must be a minimum of 3.0 Major GPA: _____

Screening into the teacher education program Date of or expected date of: _____

Course Requirements:

Professional Education Courses	Semester to be taken/or semester taken
<input type="checkbox"/> SCED 2514, Intro. To Sec. Teach.	
<input type="checkbox"/> PSY 3703, Ed Psychology	
<input type="checkbox"/> ELSE 3643, Exc. Stu. In Reg. Classroom	
<input type="checkbox"/> ED 43, Met. & Mat. Teach. in the Sec. School	
<input type="checkbox"/> SCED, TI 4825, Teach. Intern. In the Sec. Ed. (16 wks)	
<input type="checkbox"/> ELCI 4013, Curr. & Assess. Theory/Practice	

