WEST CHESTER UNIVERSITY
Application for Formal Admission to Teacher Education (FATE)
~ POST BACCALAUREATE ~

REQUIRED Attachments-- Please be certain to attach **ALL** of the following items **BEFORE** reviewing your application with your department advisor:

- ☐ Photocopy(ies) of transcript(s) from institution(s) where you have earned any credits
- ☐ Signed unofficial transcript from MyWCU
- ☐ Photocopy of your Approved Program of Study (APS) form with signatures of applicant and advisor(s)
- ☐ Photocopy of PPST PRAXIS I score report(s) with passing scores

SUBMIT COMPLETED APPLICATIONS TO 251 FHG LIBRARY
INCOMPLETE applications will not be accepted

Name _____Student ID#_____SS#_____
(Please print. Add former name(s) if applicable)

Mailing Address _____

Phone ( ) _____ WCU email address _____

Circle Appropriate Choice: Gender - M/F US Citizen: Y/N Full Time/Part Time Racial-Ethnic Origin _____

Certification Program (Subject Area) _____ Check one: Master's Program ☐ Certification Only ☐

Scores for Praxis I tests (if required): PPST Reading _____ PPST Writing _____ PPST Math _____

List courses taken to satisfy: 3 credits English composition _____
3 credits English literature _____
6 credits mathematics _____ and _____

A child abuse or criminal record may prevent you from being certified to teach. If you have any questions about how to respond to the next two items or believe that you have a criminal or child abuse record, please consult with the chairperson of your department or the Certification Office.

To the best of my knowledge I (circle one) *do* *do not* have a criminal record.
To the best of my knowledge I (circle one) *do* *do not* have a record of child abuse.

Some certification programs have established additional requirements* for FATE. If your program has such additional requirements, please respond to the item below.

*I have met the additional requirements established by my program for formal admission to teacher education.
Yes No

.....

Student Signature _____ _____
Signature Please print name Date

Academic Advisor _____ _____
Signature Please print name Date

Professional Advisor Signature (Secondary Education students only)

_____ _____
Signature Please print name Date

Verification by the Undergraduate Program Counselor _____ _____ _____ _____
PDE Code PS Code Date Initials

Original to: Undergraduate Program Counselor, 251 FHG Library