

Teacher Education Program
Lock Haven University
Entrance to Professional Semester
Application

Directions: Each candidate must attach evidence of liability insurance.

Candidate Name _____ Student ID _____

Certification Program (s) _____
(If you are a dual major, please circle the program that corresponds to the block for which you are applying)

Declared Minor (s) _____

Date first enrolled at LHUP _____ Date of Application _____

Intended Date of Enrollment in Professional Semester _____

Candidate Advisor : Please verify the following:

Cumulative GPA _____ Major GPA _____

Advisor Signature indicates that all Program Requirements have been met.

_____ (Advisor Signature) _____ Date

To be Completed by the Office of Teacher Education:

Candidacy Date _____

Completion Date of Developing Portfolio _____

Clearance Dates: Act 33 _____ Act 34 _____ FBI _____

TB test date _____

Liability Insurance _____

Praxis One Scores _____
Reading Math Writing

Signature of the Director of Teacher Education

