

SCHOOL OF PROFESSIONAL DEVELOPMENT (SPD)
STONY BROOK UNIVERSITY
STONY BROOK, NY 11794-4310

APPLICATION FORM FOR THE SPD
COMBINED BACHELOR'S/MASTER'S DEGREE

Please Type or Print carefully with ink

<p>DEADLINE: Please submit this completed application form to the School of Professional Development (SPD) no later than March 31st for Fall admission and October 31st for Spring admission.</p> <p>PLEASE NOTE: <i>Students in Combined Bachelor's/Master's Degree programs are expected to enroll for a minimum of 30 credits as a Graduate Student. The number of graduate credits taken prior to their Graduate Career is based on their combined degree program and is overseen by their Graduate Program Director. Most students will begin their Graduate Career no later than their 8th semester in the combined degree program. Once students begin their Graduate Career, they are subject to both Graduate Tuition & Fees and SPD policies and procedures and regulations; they are no longer eligible for Undergraduate Financial Aid. Students must have a cumulative GPA of 3.00 or above to be admitted to SPD.</i></p>	<p><i>Stamp Date Received by School of Professional Development (SPD)</i></p>
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Academic Information

<p>Combined Degree Program: BA/Master of Arts in Teaching (MAT) or BS/MAT (circle one): Biology, Chemistry, Earth Science, French, German, Italian, Mathematics, Physics, Social Studies, Spanish</p>	<p>Entrance into SPD (circle one) Fall / Spring 20____</p>
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Last Name (Current Name on SB Records)	First Name	Middle Name
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Birth date (MM/DD/YY)	Sex M / F	Ethnic Code <input type="checkbox"/> A = Asian B = Black/African American H = Hispanic/Latino P =Native Hawaiian/Other Pacific Islander I = American Indian/Alaska Native W = White O = Other N = I prefer not to answer
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Stony Brook Student ID # (not SS #)	What is your First or Native Language?	Have you taken an English Proficiency Test? Yes No If yes, indicate test type, score and date. Date _____ TOEFL _____ TSE _____ SPEAK _____ IELTS _____
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Do you have a degree from another University? Yes No	If yes, indicate the School, Degree earned and Date conferred (a transcript must be attached):
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Are you a U.S. citizen? Yes No Are you a Permanent Resident? Yes No	If you answered NO to both questions, indicate your Visa type and your Visa expiration: date.
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List all SBU Graduate Courses already taken (CHE 500, etc.) and the total # of graduate credits earned (9 credits, etc.):	UG Cum GPA
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Contact Information and Local Address

Local phone number with area code	Daytime/Work phone with area code	E-Mail Address
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NUMBER AND STREET	STATE
CITY	ZIP CODE
COUNTRY	

I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge.

Signature of Student _____ **Date:** _____

PLEASE NOTE: *Acceptance of admission to the Bachelor's/MAT program will automatically authorize the addition of the Teacher Preparation option to your undergraduate major.*
 Students in this combined degree program may take up to 15 graduate credits towards their graduate degree during their undergraduate career and should begin their graduate career **no later than their eighth semester.**

Required Signatures:

Program Major Advisor _____ **Date:** _____

Teacher Preparation Director _____ **Date:** _____

Teacher Certification Officer _____ **Date:** _____

Complete this form and submit to: SPD, N-227 Social & Behavioral Sciences Bldg., Stony Brook University, Stony Brook, NY 11794-4310. For questions regarding this application contact 631.632.7055 or SPD_Teachercertprograms@notes.cc.sunysb.edu

School of Professional Development
 State University of New York at Stony Brook
 Stony Brook, NY 11794-4310
 Recommendation Form for MAT Programs

The following section is to be completed by the applicant.

Name: _____
Last First M.I.

Address: _____
No. & Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

Applying to (circle one): MAT in _____ Semester Fall 20__ Spring 20__ Summer 20__

I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act of 1974. I hereby DO WAIVE my right of access to this recommendation.

Signature of Student Date

Writers of recommendations are requested to write a statement which comments on the candidate's ability to carry on advanced studies in his/her discipline and assesses the candidate's ability to become an effective administrator. A careful discrimination between strong and weak characteristics will be more helpful than routine praise. If additional space is needed, please attach a separate page. Thank you.

Please rate the applicant in comparison with others of his/her age and position whom you have known within the past five years. If possible indicate the number of students with whom you are comparing him/her. _____

	Upper 1-2%	Upper 10% but not upper 1-2%	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower half	No basis for judgment
Academic Performance						
Intellectual Ability						
Ability to Express Him/Herself						
Motivation for Proposed Field of Study						

Would you admit the applicant to your department? Assuredly Probably Possibly No

Signature _____

Print Name _____ Date _____

Position _____ Address _____

School of Professional Development
 State University of New York at Stony Brook
 Stony Brook, NY 11794-4310
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