

SALISBURY UNIVERSITY
APPLICATION TO SECONDARY PHYSICS
PROFESSIONAL TEACHER EDUCATION PROGRAM

1. STUDENT COMPLETES THIS SECTION & TAKES TO PHYSICS DEPARTMENT ADVISOR & EDUCATION DEPARTMENT ADVISOR

Name:	Student ID#:
Home Address:	Home Phone:
	Local Phone:
	Advisor Name:
Local Address:	Did You Transfer credits to SU? (Circle) Yes No
	MAJOR: PHYSICS
	Student Signature:

Faculty Recommending Acceptance to Professional Program:

3 FACULTY SIGNATURES (Outside of Ed Dept)	DEPARTMENT
1.	
2.	
3.	

2. MAJOR DEPT ADVISOR COMPLETES ONLY THIS SECTION AND RETURNS FORM TO STUDENT.

<u>COMPLETED & IN PROGRESS PHYSICS COURSES TOWARD MAJOR</u>			
Course	Credits	Grade	IP √
PHYS 108	4		
PHYS 111	1		
PHYS 221	4		
PHYS 223	4		
PHYS 311	4		
PHYS 313	3		
PHYS 314	3		
PHYS 315	3		
PHYS 407	3		
PHYS _____	3 / 4		
PHYS _____	3 / 4		
PHYS _____	3 / 4		

ADVISOR COMMENTS

Major Advisor Signature Date

3. EDUCATION DEPARTMENT ADVISOR

PTEP Course Pre-Reqs		PRAXIS I Scores	
Course	Grade	Test	Score
CMAT250 (100)		Reading (177/325)	
EDUC210		Writing (173/319)	
EDUC300 (304)		Math (177/322)	
ENGL101		Composite (527)	
ENGL102			

TOTAL EARNED HOURS (From Audit or Unofficial Transcript)	
Completed	
In Progress	
Total (Must be 56)	

Cumulative Transfer GPA ≥ 2.5 _____

Cumulative SU GPA ≥ 2.5 _____

Cumulative Overall GPA ≥ 2.5 _____
 (Show GPA calculation on back if transfer or SU GPA is <2.5)

Major GPA ≥ 2.75 _____

_____ ACCEPT _____ DENY

Reasons For Denial:

Education Department Advisor/Representative Date