

Part II must also be completed as indicated and included with this application. (See the next page).

PART II

(This part must be completed by the Teacher Education Program/Speech-Language Department to which the student has been formally admitted, is currently under consideration for admission, or has expressed intent to seek admission. The student named below is applying for BASE-TN Teaching Program tuition support.)

BASE TN Teaching Program Applicant: _____

Telephone No.: _____ Mobile or Cellular No.: _____

34. Current Mailing Address: _____

City: _____ State: _____ ZIP: _____ + _____ County: _____

35. Name of College or University: _____

Address: _____

Director of Teacher Education Program/Head Speech-Language Department: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

36. Residency (of Student Applicant): In State Out-of-State

37. Standardized Test Scores: ACT SAT MAT GRE

38. Undergraduate Cumulative GPA: for Semester Hours Graduate Cumulative GPA for Semester Hours

39. This applicant's Plan of Study has been developed jointly with the student after an evaluation of his/her transcript(s) and delineates course(s) needed to help applicant satisfy requirements leading to (a) an initial Tennessee teacher license in an area of Special Education/Speech-Language Pathology, (b) an endorsement in an area of Special Education, or (c) a Master's degree in Speech-Language Pathology. Yes No

40. CERTIFICATION BY OFFICIAL OF STATE APPROVED TEACHER EDUCATION PROGRAM / SPEECH-LANGUAGE DEPARTMENT:

I certify that the information given in Part II above is complete and correct to the best of my knowledge; that the above-named student has been formally admitted (or has expressed intent to seek admission) to the State approved Teacher Education Program/Speech-Language Program at _____ University / College that offers a concentration or major in special education / speech-language pathology; and that graduates of this program will take courses that satisfy requirements for Tennessee licensure in special education or graduate level speech-language pathology.

Signature of Dean, Director of Teacher Education Program, or Head of Speech-Language Department

Title: _____ Date: _____

NOTE: *This part of the BASE TN Application should be completed by the official of the college or university as indicated, signed and returned to the BASE TN Teaching Program applicant named above as part of the application process.*