

OLD DOMINION UNIVERSITY
DARDEN COLLEGE OF EDUCATION AND PROFESSIONAL STUDIES
OFFICE OF CLINICAL EXPERIENCES

POST-BACCALAUREATE ENDORSEMENT PROGRAM ADMISSION REQUIREMENTS

Applicants must submit:

- ✓ Post-Baccalaureate Endorsement Program Application
- ✓ Passing Test Scores (or the approved equivalent scores)
- ✓ Authorization for Release of Disciplinary Records
- ✓ Non-Degree Graduate Application (online)
- ✓ Official Transcripts
- ✓ Professional Disposition Survey (online)

Mail Application and Required Documents To: Old Dominion University
Darden College of Education and Professional Studies
Office of Clinical Experiences
2345 Education Building
Norfolk, VA 23529

Applications

- Submit a [Non-Degree Graduate Application](#) (online)
- Submit a [Post-Baccalaureate Endorsement Program Application](#) (download and print a copy of the application)

Passing Test Scores

- [Praxis Core Academic Skills for Educator Tests](#); or
- [Approved equivalent scores](#) as prescribed by the Virginia Board of Education; or
- [Praxis I](#) passing scores if achieved prior to December 31, 2013.

Transcripts and GPA Requirements

- **Transcripts**
 - Submit official undergraduate and graduate transcripts from all regionally accredited institutions attended (transcripts must be in sealed envelope from the institution)
- **Regular Admission**
 - Have earned a bachelor's degree from a regionally accredited institution with a minimum cumulative GPA of 2.75 for all undergraduate college credits taken prior to the award of the baccalaureate degree.
- **Provisional Admission**
 - Have earned a bachelor's degree from a regionally accredited institution with a minimum cumulative GPA between 2.50 and 2.74 .
 - Provisionally admitted students must take at least 6 credits (no more than 12) of 300/400 upper level academic content courses at Old Dominion University as designated by the academic advisor, and pass with at least a B (3.00) in each course. This condition must be met prior to the Orientation Meeting for the Teacher Candidate Internship.

Authorization for Release of Disciplinary Records

- Complete and sign the *Authorization for Release of Disciplinary Records*, which is part of the application packet. All applicants are required to submit this form signed, prior to being admitted into a teacher education program.

Monarch Identification and Authorization System (MIDAS) and Professional Disposition Survey

- Activate your [MIDAS ID](#) (once you have been admitted as a Non-Degree Graduate Student). You will need to do this in order to complete the Professional Disposition Survey.
- Complete and submit the [Professional Disposition Survey](#) (online)

Old Dominion University
Darden College of Education and Professional Studies
POST-BACCALAUREATE ENDORSEMENT PROGRAM APPLICATION

CODE:
SEMESTER:

Name _____ SSN _____ UIN _____

Address _____ City _____ State _____ Zip _____

Telephone (work) _____ (home) _____ E-mail _____ DOB: _____

Military Member: Active Veteran Dependent

Online Student Yes No

Seeking endorsement in the area of _____ Date of undergraduate degree awarded _____

Bachelor's degree from _____ Discipline _____ GPA _____
(regionally accredited institution)

Part One

1. An applicant must submit all items listed on the Post-Baccalaureate Endorsement Program Admission Requirements page:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Post-Baccalaureate Endorsement Program Application | <input checked="" type="checkbox"/> Non-degree Graduate Application (online) |
| <input checked="" type="checkbox"/> Passing Test Scores (or the approved equivalent scores) | <input checked="" type="checkbox"/> Official Transcripts |
| <input checked="" type="checkbox"/> Authorization for Release of Disciplinary Records | <input checked="" type="checkbox"/> Professional Disposition Survey (online) |

Part Two

1. Complete the following statements:

- I am applying for entry into the Old Dominion University Post-Baccalaureate Endorsement Program and understand I must continue to meet the continuance and exit requirements to complete the program. Yes No _____ (initial)
- I agree to abide by and support the rules, regulations, and honor code of the University as set forth in the University Catalog at Old Dominion University. Yes No _____ (initial)

I certify that:

- I have been convicted of a felony. Yes No _____ (initial)
- I have been found guilty of a misdemeanor involving children or drugs. Yes No _____ (initial)
- I have had a teaching certificate or license denied, revoked, invalidated, cancelled, or suspended. Yes No _____ (initial)
- I have been the subject of a founded complaint of child abuse or neglect. Yes No _____ (initial)

***If you answer "Yes" to any items above, please submit a signed explanation and attach it to this application.**

Part Three

I understand that if I am admitted provisionally into the teacher Post-Baccalaureate Endorsement Program, I must take at least 6 credits (no more than 12) of 300/400 upper level academic content courses at Old Dominion University as designated by the academic advisor, and pass with at least a B (3.00) in each course. This condition must be met prior to the Orientation Meeting for the Teacher Candidate Internship.

I agree to abide by and support the rules, regulations, and honor code of the University as set forth in the [University Catalog](#).

Signature of Applicant _____ Date _____

DEPARTMENTAL USE ONLY

I have interviewed this candidate and make the following recommendation:

Regular Admission _____ Provisional Admission _____ Deny _____

Signature _____ Date _____
(Departmental Representative or Academic Advisor)

Forward to Department Chair, Program Director, or Office of Clinical Experiences Associate Director

Regular Admission _____ Provisional Admission _____ Deny _____

Signature _____ Date _____
(Department Chair, Program Director, or Office of Clinical Experiences Associate Director)



AUTHORIZATION FOR RELEASE OF DISCIPLINARY RECORDS

Section I. To be completed by the Student.

Name (print): _____ UIN: _____
 LAST *FIRST* *MI*

I hereby authorize the Director of Student Conduct & Academic Integrity, or designee, to release to the Associate Director of the Office of Clinical Experiences, or designee, any information contained in my student records (including copies of the records themselves) which is necessary to respond to Section II below. I understand that the information contained therein is confidential and will not be released to a third party.

Signature _____ Date _____

Do not write below this section.



TO: Director of Student Conduct & Academic Integrity

FROM: Associate Director, Office of Clinical Experiences

The above named student is applying to the College of Education to perform his/her student teaching requirement. If the student was ever subject to disciplinary action while enrolled as a student, please describe briefly, attach pertinent supporting information, and return this form to the Office of Teacher Education Services, 2345 Education Building. Thank you.

Section II. To be completed by the Director of Student Conduct & Academic Integrity or Designee

Summary of Disciplinary Action: _____

Signature _____ Date _____
(person completing form)

Name _____ Title _____
(print)

Darden College of Education and Professional Studies Scholarship Opportunity

This information is being gathered to identify qualified candidates for possible competitive scholarships in the Darden College of Education and Professional Studies. Providing this information is voluntary. If you wish to be considered for this opportunity, please complete the information below. Thank you.

Print UIN, GPA, and Name of Teacher Candidate: UIN: _____ GPA: _____

Last *First* *Middle*
Initial

Are your parents/guardians graduates of the Darden College of Education?

Yes No

If YES, what year did your parent/guardian graduate from the Darden College of Education?

Year of graduation: _____

If YES, print the name of your parent/guardian below.

Print Name of Parent/Guardian:

Last *First* *Middle*
Initial

Was this the name used by the parent/guardian at the time of graduation? Yes No

If NO, please the name used at the time of graduation from the Darden College of Education:

Last *First* *Middle*
Initial

If YES, please indicate if they completed a program in the Darden College of Education leading to licensure in one of the areas listed below:

- | | |
|---|--|
| <input type="checkbox"/> Administration & Supervision | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Elementary Education PreK-6 (previously 4-8) | <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> Early Childhood Education PreK-3 (previously NK-4) | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Health and Physical Education | <input type="checkbox"/> Technology Education |
| <input type="checkbox"/> Marketing Education | <input type="checkbox"/> Special Education, K-12 |
| <input type="checkbox"/> Middle School Education, 6-8 | <input type="checkbox"/> Secondary Education, 6-12 |