

WESTERN CONNECTICUT STATE UNIVERSITY
APPLICATION FOR ADMISSION TO THE PROFESSIONAL SEMESTER PROGRAM IN
HEALTH EDUCATION

NAME (Please Print): _____ SIGNATURE _____

HOME ADDRESS: _____ ZIP _____

WESTCONN ADDRESS: _____

CELL PHONE NO. _____ HOME PHONE NO. _____

WORK PHONE NO. _____ ANTICIPATED GRADUATION DATE _____

STUDENT ID: _____

Applicant must provide documentation for all entries.
ALL INFORMATION WILL BE VERIFIED BY THE HPX DEPARTMENT

I. PERSONAL REQUIREMENTS:

Two (2) Letters of Recommendation _____ *Essay _____

Interview: Date _____ Decision _____

* Written Essay demonstrating a command of the English language and identifying reasons for wanting to enroll in the professional semester and emphasizing experience relevant to teaching health.

II. ACADEMIC STANDING (MINIMUM 2.8 GPA) Student must attach copies to this application of transcripts from all colleges attended.

Semester hours earned to date at WCSU _____ G.P.A. _____

Other institutions attended:

Name of institution _____ Hours earned _____ Cumulative GPA _____

Name of institution _____ Hours earned _____ Cumulative GPA _____

Total GPA calculated for Admission to the Professional Semester (**includes all grades for all courses taken at all universities, not just grades for courses that were transferred to WestConn**) _____

(This GPA must be calculated by the education liaison from student's major department.)

Grades in: ENG W.I.* _____ COM 161* _____ SOC 100* _____

HIS 148 or 149* _____ PSY 100* _____

EPY 204** _____ ED 206** _____ HPX 215** _____

HPX 271* _____ HPX 371* _____

BIO 105* _____ BIO 106* _____

Minimum of 125 Semester Hours required for B.S. degree

*C grade or higher required **B grade or higher required

III. COMPETENCY EVIDENCE:

SAT SCORES: VERBAL _____ MATH _____ TOTAL _____

PRAXIS TEST: Pass/Fail/Waiver _____ Date _____

DEPARTMENT RECOMMENDATION:

ADMIT _____ ADMIT CONDITIONALLY (list all conditions) _____

DENIED BECAUSE _____

SIGNATURE _____ DATE _____