

# SCHOOL OF Education

## Bachelor of Science in Education Program

### Secondary Department Chair's Checklist

This form should be submitted to the specific Department Chair by the student. **The Department Chair should return the checklist directly to the School of Education.**

***Please note that an interview with the Department Chair may be required.***

**This section to be completed by the student:**

Student Name:	MSC ID: 983
Secondary Education Track:	<input type="checkbox"/> Biology <input type="checkbox"/> English <input type="checkbox"/> History <input type="checkbox"/> Mathematics
<input type="checkbox"/> I waive my right to review this recommendation. <input type="checkbox"/> I do not waive my right to review this recommendation	
<i>Student's Signature</i>	<i>Date</i>

**GPA: Cumulative 2.75 or higher?    Yes    No**

**Upper level content area GPA 3.0 or higher?    Yes    No**

**Gateway course completed with a grade of B or better?    Yes    No**

**Key assessment met (in gateway course?    Yes    No    N/A**

**Program plan of study with signatures attached?    Yes    No**

**Is there anything that may prevent this applicant from being successful in the Education Program? If so, please explain:**

**Recommendation Approved?    Yes    No**

**Recommendation Approved with Conditions:**

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**Department Chair's Signature**

**Date**

**Please use other side for additional comments.**