



Chipola College
School of Education

PROGRAM ELIGIBILITY CHECKLIST

- Associate in Arts degree from a regionally accredited institution or at least 60 semester credit hours of postsecondary education with completion of the Chipola College general studies requirement.
- Completion of all lower-division mandated common prerequisites. See college catalog for freshman and sophomore requirements.
- Earned overall GPA of 2.5 in lower division coursework.
- Demonstrated proficiency in state mandated general knowledge content through satisfactory completion of all four (4) parts of the General Knowledge Exam (prior to completion of 12 semester hours of coursework)
- Complete a satisfactory background check by the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI). **This can be done after acceptance into the program.**
**The State of Florida requires that all school districts initiate a level II (FDLE and FBI) criminal background check on all adults who work in schools. Because all courses in education have a required school component, it is not possible to pass any of the courses if the student is blocked from entering schools. Any student who is not able to document that he/she has been cleared by the end of the first week of classes in the first term enrolled will be required to drop all courses and withdraw from the program. http://www.fldoe.org/edstandards/background_screening.asp
- Submission of completed Chipola College application and official transcripts to the Admissions Office.
- Submission of completed Baccalaureate Supplemental application with the following attachments:
 - A) Satisfactory brief narrative that includes a request for admission to the program, factors influencing the applicant's decision to teach, the applicant's philosophy of education, and previous teaching or related experiences which demonstrate the applicant's potential as an educator.
 - B) Completed recommendation form from three (3) individuals familiar with the applicant's academic work, personal character, and/or ability to work with children and/or youth.
- Three (3) additional hours of International/Diversity coursework. Note: Elementary Education, Exceptional Student Education, Middle School Mathematics, Mathematics Education (6-12), and English Education will satisfy this requirement through courses in the upper division. Biology majors must have a three-hour International/Diversity course. The following Chipola courses will meet this requirement: AMH 2091, AMH 2093, ARH 1000, FRE 1120, FRE 1121, FRE 2200, FRE 2201, GEA 2001, GEA 2002, LAS 1950, MUL 2010, REL 2300, SPN 1120, SPN 1121, SPN 2200, SPN 2201, SYG 1010, WOH 2012 and WOH 2022.

**PLEASE PRINT, COMPLETE AND MAIL
SUPPLEMENTAL APPLICATION
TO
DR. GINA MCALLISTER
DEAN, SCHOOL OF EDUCATION
CHIPOLA COLLEGE
3094 INDIAN CIRCLE
MARIANNA, FL. 32446**

Chipola College is dedicated to the concept of equal opportunity. The College will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the College will not tolerate such conduct. Should you experience such behavior, please contact the Director of EA/EO at (850)718-2205 or by mail at 3094 Indian Circle, Marianna, FL 32446-2053.

Chipola College
A Higher Degree of Success
Enrollment services/Admissions and Records Office
3094 Indian Circle, Marianna, Florida 32446-2053
(850)526-2761 Fax (850)718-2287 www.chipola.edu



Bachelor of Science Supplemental Application

Expected Term of Attendance		
Term	Month	Year
Fall	August	_____
Spring	January	_____
Summer I	May	_____
Summer II	June	_____

Name _____ Social Security # _____ / _____ / _____ JD# _____
Last First MI Maiden (if applicable)

Mailing Address _____ Home Phone (_____) _____
 _____ Work Phone (_____) _____
City State Zip Code

Primary Email Address: _____ Cell Phone (_____) _____

ADMISSION INFORMATION	Select a Major
1. Submit the following to the Admissions and Records Office:	
a. Completed Chipola application. If you were not enrolled within the last year at Chipola College, you will need to submit a new application.	<input type="checkbox"/> B.S. Biology Education (6-12) <input type="checkbox"/> B.S. Elementary Education (K-6) <input type="checkbox"/> B.S. English Education (6-12)
b. A High School transcript denoting graduation and all college transcripts.	<input type="checkbox"/> B.S. Exceptional Student Education (K-12) <input type="checkbox"/> B.S. Mathematics Education (9-12)
c. Background check- After receiving acceptance letter.	<input type="checkbox"/> B.S. Middle School Mathematics Education (5-9) <input type="checkbox"/> B.S. Middle School Science Education (5-9)
d. Official passing scores on all four parts of the FTCE General Knowledge Exam.	
2. Submit the following to Dr. Gina McAllister	Are you currently taking classes at Chipola? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Completed Baccalaureate Supplemental application	Have you passed all sections of the General Knowledge Exam. <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Narrative and three completed recommendation forms	

**SUBMIT SUPPLEMENTAL APPLICATION TO:
 DR. GINA MCALLISTER, DEAN, SCHOOL OF EDUCATION
 CHIPOLA COLLEGE
 3094 INDIAN CIRCLE, MARIANNA, FL.32446**

Postsecondary Institutions Attended	City and State	Degree/Certificate Received (A.A., A.S., B.S., Diploma)	Credits Completed	G.P.A.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Additional institutions must be listed on a separate sheet of paper and submitted with the application.)

I certify that the answers given herein are true and correct. I further understand that a false statement in this application or any admission document will subject me to penalties pursuant to 837.06, Florida Statutes; and is grounds for denial of admission or, upon further discovery grounds for dismissal and invalidation of college credit or degree based on such credit.

Applicant's Signature (ink) _____

Date _____

SOCIAL SECURITY NUMBER ACKNOWLEDGEMENT

In compliance with Florida Statute 119.071(5), Chipola College issues this notification regarding the purpose of the collection and use of your Social Security Number. The college collects your Social Security Number for use in the performance of the College's duties and responsibilities. To protect your identity, the College will secure your Social Security Number from unauthorized access. The College will never release your Social Security Number to unauthorized parties. Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the Social Security Number of all postsecondary students to the Internal Revenue Service. This IRS requirement makes it necessary for colleges to collect the Social Security Number of every student. A student may refuse to disclose his/her Social Security Number to the College but refusing to comply with the federal requirement may result in fines established by the IRS. In addition to the federal reporting requirements, the public school system in Florida uses the Social Security Number as a student identifier. This use is authorized by Florida Statute 229.559 and in School Code Section 1008-396. In a seamless K-20 educational system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the transition from one education level to the next. All Social Security Numbers are protected by federal regulations and are never released to unauthorized parties.

Chipola College does not discriminate against any persons, employees, students, applicants or others affiliated with the college with regard to race, color, religion, ethnicity, national origin, age, veteran's status, disability, gender, genetic information, marital status, pregnancy or any other protected class under applicable federal and state laws, in any college program, activity or employment. Should you experience such behavior, please contact the Associate Vice President of Human Resources, Equity Officer and Title IX Coordinator at (850) 718-2205, Building A, Room 183-A or by mail at 3094 Indian Circle, Marianna, FL 32446-2053.

I acknowledge by my signature that I understand the College is collecting my Social Security Number for the purpose of complying with federal and state statutes related to employment, financial and academic assistance, and inter-institutional articulation or transfer, and that the College may disseminate that information in some communications with outside organizations, while taking precautions to safeguard use of the number. I certify that the answers given herein are true and correct. I further understand that a false statement in this application or any admission document will subject me to penalties pursuant to 837.06, Florida Statutes; and is grounds for denial of admission or, upon further discovery, grounds for dismissal and invalidation of college credit or degree based on such credit.

Applicant's Signature (ink)_____

Date_____