

Advanced Educator Certification Tracking Form

A \$100.00 Application Fee will be charged to your MySFA Account.

PLEASE FILL IN ALL BLANKS. Incomplete information will delay processing.

Date: _____ S.S.N. _____ * Campus ID#: _____
*Found at "mySFA" on the SFASU website - Not SSN

Name: _____
Last First Middle

Address: _____
Street or Box # City State Zip

Phone: _____ Cell Phone: _____

Current Employer: _____ Work Phone _____

Date of Birth _____ Gender : M F Email address _____
(required)

Ethnicity: Hispanic/Latino of any race American Indian or Alaska Native Asian Black or African American
 Native Hawaiiin or Pacific Islander White Two or more races

PROGRAMS:	Master Math Teacher (4-8)
Educational Diagnostician	Master Math Teacher (8-12)
Principal: 18 Hour Program	Master Reading Teacher (EC-12)
Principal: 30 Hour Program	Master Science Teacher (8-12)
Principal: 33 Hour Program	ESL (English as a Second Language)
Reading Specialist (EC-12)	Bilingual Education
School Counselor	Special Education
Superintendent	
Visually Impaired	

GRE Scores: V _____ Q _____ W _____ T _____

GPA: Overall _____ GPA Last 60 hours _____ Estimated Completion Date: _____
(2.5 or greater see TAC 277.10 for exception rules) - GPA can be found on graduate application

Upon completion of this form, you must submit this application to your Program Coordinator for his/her signature.

FOR OFFICE USE ONLY:

Program Coordinator Signature: _____ Date: _____

Program Coordinators: Please scan and email completed and signed form to:
 coestudentservices@sfasu.edu Attn: Morgan Marshall

Entered into TED Date: _____



Stephen F. Austin State University
James I. Perkins College of Education

EDUCATOR CERTIFICATION
PBIC Tracking Form

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SELECT PROGRAM:

<input type="checkbox"/>	Master of Arts in Teaching (Secondary & All Level)	<input type="checkbox"/>	Master of Elementary Education (EC-6 Certification)
<input type="checkbox"/>	M.Ed. Special Education (EC-12 Certification)	<input type="checkbox"/>	Master of Elementary Education (4-8 Certification)

PACT: Yes _____ No _____

Remarks:

GPA: Overall _____ GPA Last 60 hours _____ Estimated Completion Date: _____

FOR OFFICE USE ONLY:

Program Coordinator Signature: _____ Date: _____

Program Coordinators: Please scan and email completed and signed form to:
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(Red Folder) Entered into TED Date: _____