

**SCHOOL OF PROFESSIONAL DEVELOPMENT (SPD)**  
**STONY BROOK UNIVERSITY**  
**STONY BROOK, NY 11794-4310**

**APPLICATION FORM FOR THE SPD**  
**COMBINED BACHELOR'S/MASTER'S DEGREE**

*Please Type or Print carefully with ink*

<p><b>DEADLINE:</b> Please submit this completed application form to the School of Professional Development (SPD) no later than <b>March 15th</b> for Fall admission and <b>October 31st</b> for Spring admission.</p> <p><b>PLEASE NOTE:</b> <i>Students in Combined Bachelor's/Master's Degree programs are expected to enroll for a minimum of 30 credits as a Graduate Student. The number of graduate credits taken prior to their Graduate Career is based on their combined degree program and is overseen by their Graduate Program Director. Most students will begin their Graduate Career no later than their 8th semester in the combined degree program. Once students begin their Graduate Career, they are subject to both Graduate Tuition &amp; Fees and SPD policies and procedures and regulations; they are no longer eligible for Undergraduate Financial Aid. Students must have a cumulative GPA of 3.00 or above to be admitted to SPD.</i></p>	<p><i>Stamp Date Received by School of Professional Development (SPD)</i></p>
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**Academic Information**

Combined Degree Program: <b>BA/Master of Arts in Teaching (MAT) or BS/MAT</b> (circle one): Biology, Chemistry, Earth Science, French, German, Italian, Mathematics, Physics, Social Studies, Spanish	Entrance into SPD (circle one) Fall / Spring    20____
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<b>Last</b> Name (Current Name on SB Records)	<b>First</b> Name	<b>Middle</b> Name
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Birth date (MM/DD/YY)	Sex M / F	Ethnic Code <input type="checkbox"/> A = Asian B = Black/African American H = Hispanic/Latino P =Native Hawaiian/Other Pacific Islander I = American Indian/Alaska Native W = White O = Other N = I prefer not to answer
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Stony Brook Student ID # (not SS #)	What is your First or Native Language?	Have you taken an English Proficiency Test? Yes No If yes, indicate test type, score and date.    Date _____ TOEFL _____ TSE _____ SPEAK _____ IELTS _____
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Do you have a degree from another University? Yes    No	If yes, indicate the School, Degree earned and Date conferred (a transcript must be attached):
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Are you a U.S. citizen?    Yes    No Are you a Permanent Resident? Yes    No	If you answered NO to both questions, indicate your Visa type and your Visa expiration date.
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List all SBU Graduate Courses already taken (CHE 500, etc.) and the total # of graduate credits earned (9 credits, etc.):	UG Cum GPA
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**Contact Information and Local Address**

Local phone number with area code	Daytime/Work phone with area code	E-Mail Address
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NUMBER AND STREET	STATE
CITY	ZIP CODE
COUNTRY	

<p>I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge.</p> <p>Signature of Student _____ Date: _____</p> <p><b>PLEASE NOTE:</b> <i>Acceptance of admission to the Bachelor's/MAT program will automatically authorize the addition of the Teacher Preparation option to your undergraduate major.</i></p> <p>Students in this combined degree program may take up to <u>15</u> graduate credits towards their graduate degree during their undergraduate career and should begin their graduate career <b>no later than their eighth (8<sup>th</sup>) semester</b></p> <p><b>Required Signatures:</b></p> <p>Program Major Advisor _____ Date: _____</p> <p>Teacher Preparation Director _____ Date: _____</p> <p>Teacher Certification Officer _____ Date: _____</p> <p><b>Complete this form and submit to:</b> SPD, N-201 Social &amp; Behavioral Sciences Bldg., Stony Brook University, Stony Brook, NY 11794-4310. For questions regarding this application contact 631.632.7050 (option 3) or <a href="mailto:spd@stonybrook.edu">spd@stonybrook.edu</a></p>
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School of Professional Development  
 State University of New York at Stony Brook  
 Stony Brook, NY 11794-4310  
 Recommendation Form for MAT Programs

The following section is to be completed by the applicant.

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
No. & Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Applying to (circle one): MAT in \_\_\_\_\_ Semester  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act of 1974. I hereby DO WAIVE my right of access to this recommendation.

\_\_\_\_\_  
Signature of Student Date

Writers of recommendations are requested to write a statement which comments on the candidate's ability to carry on advanced studies in his/her discipline and assesses the candidate's ability to become an effective administrator. A careful discrimination between strong and weak characteristics will be more helpful than routine praise. If additional space is needed, please attach a separate page. Thank you.

Please rate the applicant in comparison with others of his/her age and position whom you have known within the past five years. If possible indicate the number of students with whom you are comparing him/her. \_\_\_\_\_

	Upper 1-2%	Upper 10% but not upper 1-2%	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower half	No basis for judgment
Academic Performance						
Intellectual Ability						
Ability to Express Him/Herself						
Motivation for Proposed Field of Study						

Would you admit the applicant to your department?  Assuredly  Probably  Possibly  No

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Address \_\_\_\_\_

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 State University of New York at Stony Brook  
 Stony Brook, NY 11794-4310  
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Print Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Address \_\_\_\_\_