

**Stony Brook University
Professional Education Program
Linguistic Department**

**BA/MA TESOL Education Program
Application Form**

I. Personal Information: (Please type or print clearly)

Last First M.I.

USBID: _____

Phone: _____ Email: _____

Address (permanent) _____

Current or University Address: _____

II. Academic Credentials:

Overall GPA: _____ (min 3.0)

Linguistics (LIN 101, LIN 201, LIN 311, LIN XXX) GPA: _____ (minimum 3.3)

Current Academic Status _____

Please attach a copy of your most recent transcript. Unofficial copies from SOLAR are acceptable.

For all candidates whose native language is other than English:

TOEFL overall score: _____ TOEFL Speaking score _____ (minimum score of 28)

III. Requirements:

A cover letter of intent which focuses on rationale for selecting this program

Two faculty recommendations from Linguistics Department

Deadline: April 1st for fall semester

Signature of the Applicant: _____ **Date** _____

IV. Signatures:

Undergraduate Program Director: _____ Date: _____

Graduate Program Director: _____ Date: _____

TESOL Education Program Director: _____ Date: _____

Semester Admitted into the BA/MA TESOL Education Program: _____