

## Undergraduate Application to TESOL Program

**Requirements:** Applicants must be LIN majors and have a minimum GPA of 3.0 overall and 3.0 in the major. Furthermore, applicants must have taken LIN 101, LIN 201, and/or LIN 311.

**Application Instructions:** Undergraduates should apply no later than spring of their sophomore year (or the fifth semester) to ensure that graduation is not delayed. Applications must be submitted to the Director TESOL Program, Department of Linguistics. All students must apply for admission to the teacher education program even if they have already been admitted to the University. Please note that admission to the programs is competitive, not automatic. Matriculation in the program and approval of the Program Director is required to register for education classes.

**Deadlines:** for Fall admission: **April 15 of the previous semester**  
for Spring admission: **November 15 of the previous semester**

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**Personal Information** (Please type or print clearly.)

\_\_\_\_\_

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

SBU ID: \_\_\_\_\_

**Permanent****Current or University**

Phone: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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**Academic Credentials**

Cumulative GPA: \_\_\_\_\_ (min. 3.0)

LIN major GPA: \_\_\_\_\_ (min. 3.0)

Applicants must attach a copy of their transcript from the most recent completed semester. Unofficial copies from SOLAR system are acceptable. Transfer applicants must attach a copy of their transcript showing courses taken at previous institutions. Unofficial student copies will be accepted.

SAT Verbal \_\_\_\_\_ Mathematical \_\_\_\_\_

**For candidates whose native language is other than English:**

TOEFL overall score: \_\_\_\_\_ TOEFL Speaking score \_\_\_\_\_ (must be at least 28)

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**Transfer Applicants**

Fill in the code for the school from which you are transferring: \_\_\_\_\_ (see reverse)

Applicant Signature _____	Date: _____
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**Office use only**

**Date of Admission into Program:** \_\_\_\_\_ **Anticipated Student Teaching Semester:** \_\_\_\_\_

**Program Director's Signature:** \_\_\_\_\_

**Transfer Applicants:** Please enter the code for the school from which you are transferring on the front of this form.

<u>Code</u>	<u>Institution</u>
1	Nassau Community College
2	Suffolk County Community College
3	SUNY Farmingdale or Old Westbury
4	CUNY (all four-year campuses)
5	Other two-year institutions
6	Dowling or C.W. Post
7	Other SUNY four-year institutions
8	Other four-year colleges in New York State
9	Out-of-state four-year college