

EARLY ELEMENTARY EDUCATION -- MAT PRE-ADVISING FORM
COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT -- UNIVERSITY OF LOUISVILLE
(For students seeking initial teacher certification in primary through fifth grades)

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE NUMBER: _____ **CELL:** _____

SS#: _____ **STUDENT ID#:** _____

EMAIL ADDRESS: _____

Bachelor's Degree Completed/Date: _____

Expected Graduation Completion Date: _____

COURSE PREREQUISITES TO APPLY FOR ADMISSION

Oral Communication met? **Y** **N** **Course:** _____ **Grade:** _____
Grade of C or better in oral communication or acting course

Writing Requirement met? **Y** **N** **Course:** _____ **Grade:** _____
Grade of C or better in English 102, or approved research writing course, or score of 3.5 or higher on GRE Writing section of General Test.

Biology Completed? **Y** **N** **Course:** _____ **Grade:** _____

Physical Science Completed? **Y** **N** **Course:** _____ **Grade:** _____
(Select from Astronomy, Chemistry, Geology, Meteorology, or Physics)

Science Lab Completed? **Y** **N** **Course:** _____ **Grade:** _____

MATH 151 Completed? **Y** **N** **Course:** _____ **Grade:** _____
(Mathematics for Elementary Education I)

MATH 152 Completed? **Y** **N** **Course:** _____ **Grade:** _____
(Mathematics for Elementary Education II)

ART 407 Complete? **Y** **N** **Course:** _____ **Grade:** _____
(Art Education for Elementary and Middle School)

MUSE 525 Completed? **Y** **N** **Course:** _____ **Grade:** _____
(Public School Music)

HSS 274 Completed? **Y** **N** **Course:** _____ **Grade:** _____
(Physical Education and Health for Elementary Teachers)

EAC Advisor Signature **Date**

Student's Signature **Date**

For office use only, please put name student spoke with in the appropriate blank:

Request via: Info Session _____ Phone _____ E-mail _____ Appt. _____ Walk-in _____

Date of request: _____
