

# MOUNT HOLYOKE.

## EARLY CHILDHOOD, ELEMENTARY, MIDDLE AND SECONDARY TEACHER LICENSURE PROGRAMS APPLICATION CHECKLIST

### **Hampshire College Students**

Before submitting your application for review please be sure it contains all of the following:

1. Completed Application Form.
2. Resume.
3. A printed current Academic History from the HUB.
4. Completed Pre-practicum course compilation.
5. Your Division II contract and 2 evaluations from relevant courses.
6. A written response to the question found on the weblink.
7. Written record demonstrating your successful completion of the Communication and Literacy Skills Test of the Massachusetts Test for Educator Licensure (MTEL).
8. You have arranged for two faculty recommendations to be sent to the Education Office.

All application materials are due by **January 7** of your junior year, even if you are planning to student teach during a ninth semester.

Additional information can be found online at:  
<https://www.mtholyoke.edu/acad/teach/application>

Materials can be emailed to Cheryl McGraw at [cmcgraw@mtholyoke.edu](mailto:cmcgraw@mtholyoke.edu), dropped off in the Education Office (Reese 303), or sent by postal mail to the address below. If you email the materials, please compile all documents, other than faculty recommendations, which should arrive directly from faculty members, into one pdf. Make sure your name is part of the pdf file name.

Cheryl McGraw  
Department of Psychology and Education  
Mount Holyoke College  
50 College Street  
South Hadley, MA 01075

# MOUNT HOLYOKE.

## EARLY CHILDHOOD, ELEMENTARY, MIDDLE AND SECONDARY TEACHER LICENSURE PROGRAMS APPLICATION FORM

### Hampshire College Students

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*First MI Last*

Pronouns: \_\_\_\_\_ Hampshire class of \_\_\_\_\_ MEPID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
(For State Reporting Purposes)

P.O.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Residence Hall Address: \_\_\_\_\_

Non-Residence Hall Address (if applicable): \_\_\_\_\_

Select the license you are pursuing:

Biology [8-12] _____	History/Social Science [5-12] _____
Chemistry [8-12] _____	Latin & Classical Humanities [5-12] _____
Dance [all levels] _____	Mathematics [5-8] _____ [8-12] _____
Early Childhood [PreK-2] _____	Music [all levels] _____
Earth & Space Science [8-12] _____	Physics [8-12] _____
Elementary [1-6] _____	Spanish [5-12] _____
English [5-12] _____	Theatre [all levels] _____
French [5-12] _____	Visual Art [PreK-8] _____ [5-12] _____

Name of Division II Committee Chair: \_\_\_\_\_

Name of references you are using for this application:

1. \_\_\_\_\_

2. \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_