

## Advanced Standing Application

<b>Directions:</b> Student must complete entire form and provide requested evidence. Submit to advisor for signature.		Advisor √										
<i>Name</i>												
<i>Date</i>												
<i>Campus Address</i>												
<i>Telephone</i>												
<i>Email</i>												
<i>Advisor</i>												
<i>Concentration</i>												
<ul style="list-style-type: none"> <li>• <i>Is your Overall GPA 2.8 or higher?</i> <ul style="list-style-type: none"> <li>○ <i>Must provide My Westfield Degree Evaluation</i></li> </ul> </li> </ul>	My Overall GPA is:											
<ul style="list-style-type: none"> <li>• <i>Is your Concentration GPA 2.7 or higher? (PE 3.0)</i></li> </ul>	My Concentration GPA is:											
<ul style="list-style-type: none"> <li>• <i>Is your Movement Science Core GPA 2.5 or higher?</i></li> </ul>	My Movement Science Core GPA is:											
<ul style="list-style-type: none"> <li>• <i>Personal Statement</i> <ul style="list-style-type: none"> <li>○ <i>Address how you have met departmental outcomes.</i></li> </ul> </li> </ul>	Yes      No											
<ul style="list-style-type: none"> <li>• <i>Resume</i></li> </ul>	Yes      No											
<ul style="list-style-type: none"> <li>• <i>I have included a copy of my current First/Aid and CPR card</i></li> </ul>	Yes      No      Expiration Date:											
<ul style="list-style-type: none"> <li>• <i>I have included a copy of my current Professional Membership card</i></li> </ul>	Yes      No      Date of Membership:											
<ul style="list-style-type: none"> <li>• <i>I have included 5 Recommendations.</i></li> </ul>	<i>List name:</i> <i>List name:</i> <i>List name:</i> <i>List name:</i> <i>List name:</i>											
<ul style="list-style-type: none"> <li>• <i>I have included copies of my 16 PDPs</i></li> </ul>	Total # of PDPs:											
<ul style="list-style-type: none"> <li>• <i>Academic (list and point value)</i></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Name of PDP</th> <th style="width: 20%;">Points</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> </tbody> </table>	Name of PDP	Points	1.		2.		3.		4.		
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<ul style="list-style-type: none"> <li>• <i>Professional (list and point value)</i></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Name of PDP</th> <th style="width: 20%;">Points</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> </tbody> </table>	Name of PDP	Points	1.		2.		3.		4.		
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<ul style="list-style-type: none"> <li>• <i>Clinical (list and point value)</i></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Name of PDP</th> <th style="width: 20%;">Points</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> </tbody> </table>	Name of PDP	Points	1.		2.		3.		4.		
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<ul style="list-style-type: none"> <li>• <i>Social Justice and Inclusion (list and point value)</i></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Name of PDP</th> <th style="width: 20%;">Points</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> </tbody> </table>	Name of PDP	Points	1.		2.		3.		4.		
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<ul style="list-style-type: none"> <li>• <i>PE Concentration ONLY – I have taken the PE MTEL and have provided verification. I have provided other PE Assessment Scores (FITNESSGRAM/Lesson Plan)</i></li> </ul>	Yes, I have taken      Passed: Yes      No Test Date: Other PE Assessment Scores: Yes      No											
<ul style="list-style-type: none"> <li>• <i>Advisor has reviewed and signed?</i></li> </ul>	Student Signature: Advisor Signature: SPEC Signature:											