Advanced Standing Application

Directions: Student must complete entire form and provide requested evidence. Submit to advisor for signature.			Advisor √
	Name		
	Date		
	Campus Address		
	Telephone		
	Email		
	Advisor		
	Concentration		
•	Is your Overall GPA 2.8 or higher? • Must provide My Westfield Degree Evaluation	My Overall GPA is:	
•	Is your Concentration GPA 2.7 or higher? (PE 3.0)	My Concentration GPA is:	
	Is your Movement Science Core GPA 2.5 or higher?	My Movement Science Core GPA is:	
•	Personal Statement O Address how you have met departmental	Yes No	
	outcomes.	V. N.	
•	Resume	Yes No	
•	I have included a copy of my current First/Aid and CPR card	Yes No Expiration Date:	
•	I have included a copy of my current Professional Membership card	Yes No Date of Membership:	
•	I have included 5 Recommendations.	List name:	
		List name:	
		List name: List name:	-
		List name:	1
•	I have included copies of my 16 PDPs	Total # of PDPs:	
•		Name of PDP Points	
•	Academic (list and point value)	Name of PDP Points 1.	
•		1.	
•			
•		1. 2.	
•	Academic (list and point value)	1. 2. 3. 4.	
•		1. 2. 3. 4. Name of PDP Points	
•	Academic (list and point value)	1. 2. 3. 4.	
•	Academic (list and point value)	1. 2. 3. 4. Points 1.	
•	Academic (list and point value)	1. 2. 3. 4. Points 1. 2.	
•	Academic (list and point value) Professional (list and point value)	1. 2. 3. 4. Points 1. 2. 3. 3.	
•	Academic (list and point value)	1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4.	
•	Academic (list and point value) Professional (list and point value)	1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points	
•	Academic (list and point value) Professional (list and point value)	1. 2. 3. 4. Points 1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
•	Academic (list and point value) Professional (list and point value)	1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points 1. 2.	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value)	1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points 1. 2. 3. 3. 4. Name of PDP Points 1. 2. 3.	
•	Academic (list and point value) Professional (list and point value)	1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4.	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value)	1. 2. 3. 4. Name of PDP 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Name of PDP Points	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value)	1. 2. 3. 4. Name of PDP 2. 3. 4. Name of PDP 1. 2. 3. 4. Name of PDP Points 1. Name of PDP Points 1.	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value)	1. 2. 3. 4. Name of PDP Points 1. 2.	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value)	1. 2. 3. 4. Name of PDP 1. 2. 3.	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value) Social Justice and Inclusion (list and point value)	1. 2. 3. 4. Name of PDP 2. 3. 4. Name of PDP 1. 2. 3. 4. Name of PDP 1. 2. 3. 4. Name of PDP 1. 2. 3. 4.	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value) Social Justice and Inclusion (list and point value) PE Concentration ONLY – I have taken the PE MTEL	1. 2. 3. 4. Name of PDP 2. 3. 4. Name of PDP 1. 2. 3. 4. Name of PDP 1. 2. 3. 4. Yes, I have taken Passed: Yes	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value) Social Justice and Inclusion (list and point value) PE Concentration ONLY – I have taken the PE MTEL and have provided verification. I have provided other	1. 2. 3. 4. Name of PDP 1. 2. 3. 4. Name of PDP 1. 2. 3. 4. Name of PDP 1. 2. 3. 4. Yes, I have taken Passed: Yes No Test Date: Other PE Assessment Scores: Yes No Student Signature:	
•	Academic (list and point value) Professional (list and point value) Clinical (list and point value) Social Justice and Inclusion (list and point value) PE Concentration ONLY – I have taken the PE MTEL and have provided verification. I have provided other PE Assessment Scores (FITNESSGRAM/Lesson Plan)	1. 2. 3. 4. Name of PDP 2. 3. 4. Name of PDP 1. 2. 3. 4. Name of PDP Points 1. 2. 3. 4. Yes, I have taken Passed: Yes No Test Date: Other PE Assessment Scores: Yes No	