

**Stage Review**—Formal approval to register for practicum/internship (semester prior to student teaching/practicum)

Candidate: \_\_\_\_\_ Banner I.D.: \_\_\_\_\_

Educator Licensure Program (Required): \_\_\_\_\_ Level: \_\_\_\_\_

How many credits has the candidate completed? \_\_\_\_\_ Transfer Credits: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Advisor Instructions**

- Step 1 Review candidate records and respond to statements below regarding requirements.
- Step 2 Make recommendations and invite candidate response.
- Step 3 Make a copy of this form for the candidate’s advising folder.
- Step 4 Forward the original review form along with Candidate Dispositions Assessment(s) and other supporting documents to the Licensure Office within **one week** of completion of the Review.

For the items below, please provide the appropriate answer. If “No,” please note the next action step under “Comments.” Check the appropriate box under Advisor’s Recommendations on the back of this form.

<b>Requirement</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Two Candidate Dispositions Assessment Forms, (three for EDLM), have been with acceptable ratings; one must be from a course instructor and one from a source familiar with your current work in education.				
2. The candidate has completed all professional coursework required for the practicum.				
3. Candidate meets cumulative GPA requirement of at least a 3.0.				
4. The candidate has made up any failed courses.				
5. The candidate has successfully completed the required Massachusetts Tests for Educator Licensure (i.e., Communication and Literacy, Content Tests) specific for license.				
6. The candidate is aware that a misdemeanor or felony could prevent him/her from obtaining a license and that he/she should contact the Massachusetts Department of Elementary and Secondary Education for advisement.				
7. The candidate has completed the required field experiences and has received positive evaluations by course instructors and supervising practitioners. The candidate is aware that the appropriate documentation must be filed with the Licensure Office.				
8. A current degree evaluation has been reviewed with the candidate and, if applicable, Student Petitions have been submitted.				
9. If the candidate has undergone a Departmental Review, all outcome conditions have been met.				

**Advisor's Recommendations** (check all that apply)

- Candidate meets all Stage Review requirements and is approved to register for Practicum Course #: \_\_\_\_\_
- Candidate does not meet all Stage Review requirements: (check all that apply)
  - Contact faculty member or field supervisor to obtain Candidate Disposition  
Note: A candidate earning a "1" in two or more Disposition areas requires a Departmental Review
  - Take specific courses (provide course number and title): \_\_\_\_\_
  - Satisfactorily complete the required MTEL subtests for this stage
  - Meet the requirements of the previously conducted Departmental review, if applicable.

**General Advising Recommendations**

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**Candidate's Decision**

I, \_\_\_\_\_, certify that I have reviewed this form with my advisor.

Candidate's Printed Name

My signature below indicates that:

- I would like to continue in the program. I understand that I must satisfy all of the requirements outlined on this form to be approved to register for the practicum/internship.  
All on-campus candidates must apply for practicum through [www.fitchburgstate.edu/edunit](http://www.fitchburgstate.edu/edunit). Approval of your Stage Review decision will be confirmed through a letter from the Dean of Education. That letter serves as permission to register for the appropriate Graduate Practicum (see above). Registration into the practicum is the responsibility of the candidate.

I would like to change track/concentration within the program to: \_\_\_\_\_.

Candidate's signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor's and/or chair's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Is the candidate's decision approved by the Dean of Education?**  Yes  No.

If no, please state a reason for non-approval: \_\_\_\_\_

**Reviewed by**

Printed name of Dean of Education or Designee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_