

## GUIDELINES C.A.G.S. CANDIDACY FORM

The purpose of the C.A.G.S. Candidacy is to plan your course of study. It must be approved by your Academic Advisor and the Director of Graduate Programs in Education before it can be placed on file in the Registrar's Office. As this form includes <u>proposed</u> courses, courses can be changed at a later date with your advisor's approval. **If you change your concentration, a Request for Change of Concentration form must be submitted** (found in our office or on the web: <a href="https://www.smcvt.edu/graduate/forms">www.smcvt.edu/graduate/forms</a>).

- List the Saint Michael's College courses you have taken, plan to take and those you wish to transfer from another institution with the number of credits and grade (if completed) for each course.

  List completed courses first.
- You must select a specific C.A.G.S. concentration, and your **credits must total 30** (or the total required for your chosen concentration, i.e. Arts in Education, Curriculum, Literacy, School Leadership, or Special Education).
- If you wish to transfer credits, complete the **Transfer of Credit** form (found in our office or on the web: <a href="https://www.smcvt.edu/graduate/forms">www.smcvt.edu/graduate/forms</a>) and submit it with the official transcripts. Include \$15.00 for each transfer credit.
- Be sure to attach your "Statement of Goals" when you submit this form. (A one page statement indicating the reason you are seeking Candidacy in the Graduate Education program. Be specific in describing your personal and professional goals, and how you believe your proposed course of study will help you meet them.)

If you have any questions about the C.A.G.S. Candidacy process or this form, please contact your Academic Advisor:

Claudine Bedell, Director, <u>cbedell@smcvt.edu</u>, 802-654-2741 Amy Saks Pavese, Licensure Coordinator, Advisor, Elementary, ELL, Middle and Secondary Licensure <u>asakspavese@smcvt.edu</u>, 802-654-2826

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Amy Knight – Advisor, Special Education, <u>aknight@smcvt.edu</u>

NOTE: Statute of Limitations: you must complete your CAGS program within **7 years** form the start of the first semester of course work including transfer credits.



## GRADUATE PROGRAMS IN EDUCATION Course Plan for Certificate of Advanced Study (CAGS)

Student Name		Student I.D. 80				
Address		Home Phone				
Email		CAGS Concentration	CAGS Concentration:			
Statement of	Goals attache	ed? Yes (See explanation in guidelines on	ı back).			
List of COMPLETE	ED and PROPOSED (	COURSES for C.A.G.S. (List courses already taken fir	rst.)			
Course No.		C.A.G.S. COURSES		Semester	Grade	
Institution	Course No.	PROPOSED TRANSFER* C.A.G.S COURSES	Credits	Semester	Grade	
-		rses must be on file with the Registrar. You must co	omplete a '	*Transfer o	of Credit	
, 0	<u>mcvt.edu/graduate/fo</u> ted a Transfer of Cu	orms. redit form, if needed, and included my \$15.00 <i>per</i>	<i>r crodit</i> tra	nsfer fee		
		(Must be at least 30 credits)	CICUM UI	nsici icc.		
Student Signature:		Date Submitted:				
DIG. 210						
Advisor's Signatu	PO.	Date:				
Advisor's Signature:						
Director's Signature		Date	Date			