



APPLICATION FOR ADMISSION TO TEACHER EDUCATION

Includes Candidate for Professional License Data (CPL)

Personal Information: *Key all information*

Banner # _____

Name _____ SSN# _____

Current Address _____ Phone _____

City _____ State _____ Zip Code _____

Permanent Address _____ Phone _____

City _____ State _____ Zip Code _____

Email _____

Classification: *check one*

Sophomore Junior Senior Lateral Entry Licensure only Add On

CPL Information

Employed in NC Yes No Where _____

Attached copy of license & employment contract

Pre-Candidate Type Full time Part time

ADDITIONAL INFORMATION *Check appropriate answer:*

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a teaching license suspended or revoked?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been asked to resign from a position of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of violations of law other than a minor traffic ticket?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have criminal charges or procedures pending?

If your answer to any of the above questions is yes, explain on a separate page and attach.

Disclaimer Statement:

Participation in any field or clinical experience is dependent upon your acceptance by the appropriate city or county school system. Fayetteville State University does not make the final determination of your fitness for placement in an individual school. You should also be aware that individual schools or school systems will conduct a criminal background check on you and may require it to be at your expense. Incidents noted on your background check may affect your future as an educator. School districts may deny the School of Education's request to allow you to complete observation hours or student teaching in their respective schools based on the results of your background check.

You will not be able to complete your education program and will have to change your major if no public school district within 60 miles of the institution is willing to accept you for the experiential components of your program based on the results of your background check.

Admission into teacher education or clinical experience at Fayetteville State University does not guarantee licensure by the State of North Carolina. Applicants must satisfy licensure requirements defined by law/statute and interpreted by the North Carolina Department of Public Instruction. If there are any incidents noted on your background check, you may have to appeal to the North Carolina Department of Public Instruction when attempting to obtain a North Carolina Teaching License.

I have read and understand the above statement.

Signature

Date

Curriculum Information: Check the curriculum you wish to pursue.

Birth Kindergarten Elementary Education Special Education General Curriculum

Special Subjects (K-12)

Health Music Vocal Music Instrumental Spanish Education
 Physical Education Business Education

Middle Grades Education (6-9)

Language Arts Mathematics Science Social Studies
 Special Education Reading Core Academic Studies

Secondary Education (9-12)

Biology English & Literature Mathematics Marketing Education

Social Sciences Education (9-12)

Social Studies/History Political Science Sociology

Briefly explain why you would like to enter the teaching profession.

Click to start typing your explanation

Professional Pledge:

I am aware that entry in the Teacher Education Program involves much personal responsibility. I am willing to adhere to approved standards of conduct, attendance, and professional ethics. I will demonstrate a spirit of cooperation, a willingness to get along with others, to maintain good health and appropriate personal appearance, and to exemplify attitudes and actions suitable to the role of a teacher.

Pre-Candidate _____ **Date** _____
Signature

FOR DEPARTMENT USE ONLY

GPA _____ **PRAXIS SCORES:** Reading _____ Date _____
Writing _____ Date _____
Math _____ Date _____

COMPLETED EDUC 211 Yes No **Semester/Grade** _____

CLEARANCE FORM Speech Health Personal Security Data Form

Major Advisor _____ **Date** _____

Department Chair _____ **Date** _____

TEACHER EDUCATION COMMITTEE ACTION

ADMITTED **NOT ADMITTED** **Date** _____

Comments _____

Director of Teacher Education

Date

