Print Clear

School Of Education
Office of Teacher Education
Clearance Form

Students seeking admission to the Teacher Education Program, and subsequently Student Teaching, must be viewed as being personally fit for and have the dispositions suitable to the profession of teaching. Students will be reviewed for having an acceptable rating in terms of deportation, physical fitness, and personal improprieties. Filling out this form gives us permission to gather this information.

Check One:

Admission to: ☐ Teacher Education Fall ☐ _____ Year Spring ☐ _____ Year

☐ Student Teaching Fall ☐ _____ Year Spring ☐ _____ Year

Name_____ **SSN**_____

Local Address_____

Street, City, State, Zip Code

Phone_____ **Email**_____

Home Address_____

Street, City, State, Zip Code

Phone(s)_____ **Email**_____

Teaching Major _____ **Department**_____

Advisor's Signature _____ **Date**_____

To be Completed by Office of Teacher Education

AREAS	**Date Rec'd**
Personal Security Data	_____
Health Services	_____
Residence Life	_____

This form **must** be submitted with Application for Admission to Teacher Education