



Application for Admission to Teacher Education

Includes Candidate for Professional License Data (CPL)

Student Information

Name: _____ Banner #: _____ SSN #: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
FSU Email: _____ Personal Email: _____
DOB: _____

Classification: *check one*

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior |
| <input type="checkbox"/> Licensure Only Non-Residency | <input type="checkbox"/> 2 nd Degree Seeking | <input type="checkbox"/> EESLPD |
| <input type="checkbox"/> Licensure Only- Residency | | |

Additional Information	Yes	No
Transfer Student	<input type="checkbox"/>	<input type="checkbox"/>
VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>

To which gender identity do you most identify?

- ☐ Male
☐ Female
☐ Transgender
☐ Non-binary/non-conforming
☐ Prefer not to respond

What is your race or ethnicity?

- ☐ American Indian or Alaska Native
☐ Asian or Asian Indian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White

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

☐☐

Have you had a teaching license suspended or revoked?

☐☐

Have you ever been asked to resign from a position of employment?

☐☐

Have you ever been convicted of violations of law other than a minor traffic ticket?

☐☐

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.

N.C. Department of Public Instruction Performance Reporting Information *(Check appropriate answer)*

Yes

No

☐☐

Have you ever received a Pell Grant?

☐☐

Are you a first-generation college student?

Please list the zip code for your residence at high school graduation

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 College 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

Effective Summer 2024, all undergraduate candidates seeking admission into Teacher Education and candidates applying for the LO program must adhere to new Clinical Experience admission requirements. To be admitted into Clinical Experience, candidates must complete the Clinical Experience application, maintain a GPA of a 2.7 or higher, and pass (scores are set by the NC Board of Education) all required licensure examinations for the area in which they are seeking their initial teaching license. Candidates who do not meet these requirements will not be permitted to enroll in Clinical Experience / Student Teaching.

☐ I have read the statement above and understand the requirements for being admitted into Clinical Experience.

Curriculum Information: *Check the curriculum you wish to pursue*

☐ Birth Kindergarten ☐ Elementary Education ☐ Special Education General Curriculum

Special Subjects (K-12)

☐ Health/PE ☐ Music Vocal ☐ Music Instrumental
☐ Spanish Education ☐ Art 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

Recommendation

Please provide two faculty or staff names for potential recommendation options. At least one of the individuals listed below must complete the recommendation form to be included in your packet.

Name:	Email:
Name:	Email:

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 Signature

Date

FOR DEPARTMENT USE ONLY

PRAXIS SCORES

Reading: _____ Date: _____

Writing: _____ Date: _____

Math: _____ Date: _____

Combined Total: _____

The following scores are required for admission. Please make sure to include all test taken.

SAT _____
GPA _____

ACT _____
Date GPA Confirmed _____

Completed EDUC 211 Yes ☐ No ☐ Semester/Grade _____

Clearance Form Yes ☐ No ☐

Institutional Credits _____ Transfer Credits _____

Major Advisor

Date

Department Chair

Date

TEACHER EDUCATION COMMITTEE ACTION

ADMITTED ☐

NOT ADMITTED ☐

Date _____

Comments _____

Director of Teacher Education

Date