



College of Education
Office of Teacher Education

Clearance Form

Pre-candidates seeking admission to the Teacher Education Program, and subsequently Clinical Experience, must be viewed as being personally fit for and have the dispositions suitable to the profession of teaching. Pre-candidates/candidates 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
[] Clinical Experience [] Fall ____ Year [] Spring ____ Year

Name: _____ SSN: _____

Local Address: _____
Street, City, State, Zip Code

Phone: _____ Email: _____

Please complete home address if is different from local address.

Home Address: _____
Street, City, State, Zip Code

Teaching Major: _____ Department: _____

Advisor's Signature: _____ Date: _____

Table with 2 columns: AREAS, Date Received. Rows include Personal Security Data, Health Services, Residency Life.

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