



# 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  Licensure Only  Residency (Licensure Only)

2<sup>nd</sup> Degree Seeking  EESLPD

## **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 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

**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

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.

**FIELD EXPERIENCE FORMS**

I am aware that the completed *Early Disposition Inventory and Field Experience Timesheet Forms* for field experience courses must be submitted with this application.

Pre-Candidate \_\_\_\_\_ Date \_\_\_\_\_  
*Signature*

**FOR DEPARTMENT USE ONLY**

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

GPA \_\_\_\_\_ \*SAT \_\_\_\_\_ \*ACT \_\_\_\_\_

**\*PRAXIS SCORES**

Reading: \_\_\_\_\_ Date \_\_\_\_\_

Writing: \_\_\_\_\_ Date \_\_\_\_\_

Math: \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULED TEST**

1. Test Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

2. Test Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

3. Test Name: \_\_\_\_\_ Test 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

**\*RECOMMENDATION FOR ADMISSION TO TEACHER EDUCATION**

Discuss your desire to enter the teaching profession with faculty in the curriculum area where you plan to pursue a course of study. Have one person in the department make a recommendation to the Teacher Education Committee by supplying the following information and affixing his/her signature below.

**Pre-Candidate**\_\_\_\_\_

*Print your name*

Does the above pre-candidate possess the following attributes?

	Yes	No
1. Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>
2. Self –Confidence	<input type="checkbox"/>	<input type="checkbox"/>
3. Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>
4. Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>
5. Professional Promise	<input type="checkbox"/>	<input type="checkbox"/>

**Comments**\_\_\_\_\_

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\_\_\_\_\_  
*\*Faculty Making Recommendation*

I do  do not  waive my right to review this recommendation.

\_\_\_\_\_  
*Pre-candidate Signature*

Date\_\_\_\_\_

**\*Must be in teaching department**

***Return this form to your Department with supporting documents***

**NOTE: Lateral entry students return this form to the Office of Teacher Education with supporting documents.**