

**APPLICATION FOR ADMISSION TO TEACHER EDUCATION**

*Includes Candidate for Professional License Data (CPL)*

**Personal Information:** *Key all information*

**Banner #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Name SSN#

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# Current Address Phone City State Zip Code

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# Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone

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# City State Zip Code\_

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**Email**

**Classification**: *check one*

Sophomore Junior Senior Licensure Only Residency (Licensure Only)

 2nd 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

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 1st 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/statue 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

***Signature***

**Date**

**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.

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# Pre-C

*Print your name*

Does the above pre-candidate possess the following attributes?

1. Emotional Stability
2. Self –Confidence
3. Social Maturity
4. Academic Potential
5. Professional Promise

Yes **No**

# Comments

\**Faculty Making Recommendation*

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

*Pre-candidate Signature*

# \*Must be in teaching department

Date

***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.**