



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 \_\_\_\_\_

Home Address \_\_\_\_\_
Street, City, State, Zip Code

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Teaching Major \_\_\_\_\_ Department \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Table with 2 columns: AREAS, Date Rec'd. Rows include Personal Security Data, Health Services, and Residence Life.

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