DEPARTMENT OF EDUCATION

*College of Saint Benedict and Saint John’s University*

# **Application for Admission to the Teacher Education Program**

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| --- | --- | --- | --- | --- |
| 1. | Full Name: |  |  |  |
|  | Last | | First | Middle |

|  |  |  |
| --- | --- | --- |
| 2. | Permanent Address: | Street |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City | State | Zip |

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| --- | --- | --- | --- | --- | --- |
| 3. | College Residence Address: | P.O. Box/Street | | | Cell Phone |
|  |  |  |
| City | State | Zip |

4. Please provide information regarding your intended teacher education program:

ELEMENTARY EDUCATION  5-12, 9-12 OR K-12 EDUCATION

Endorsement:  Major:

Expected semester of student teaching:

Minor (if applicable):

Advisor’s Name:

|  |  |
| --- | --- |
| 5. | Academic resume prior to CSB/SJU: |

|  |  |
| --- | --- |
| *Name of Institution* | *Dates* |
| High school: | Graduated (MM/YY): |
| Transfer university/college: | Academic Years Attended: |
| Transfer university/college: | Academic Years Attended: |

*Please ensure that the Education Department has an official transcript for any institutions with credits you are applying towards licensure.*

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| --- | --- |
| 6. | Relevant employment and volunteer experiences that have developed the knowledge, skills and dispositions which may contribute to your application to the teacher education program: |

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| --- | --- |
| *Experience* | *Length of Time* |
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1. **REFERENCES:** Please supply the names (and addresses if they are off-campus) of the two faculty members who will write references for you.

EDUC 111 Instructor  *E-mail Address*

|  |  |
| --- | --- |
| Other Faculty Member/Supervisor |  |
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1. In accordance with the regulations of the Department of Education, I hereby make formal application for admission to the phase of teacher education that I have checked above. If accepted, I agree to meet the requirements of the Teacher Education Program as outlined in course syllabi and other relevant department documents. I understand clearly that if I am found deficient or negligent in meeting the stated requirements, I can be dismissed from the program. I understand that recommendation for a teaching license is contingent upon satisfactory completion of the requirements of this program.

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| Full Name | | Signature |
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