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:  |

|  |  |
| --- | --- |
| *Experience* | *Length of Time* |
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|   |   |
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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 |   |
|   |   |

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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