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(s), if applicable:  Major:

Expected semester of student teaching:

Minor (if applicable):

Advisor’s Name:

|  |  |
| --- | --- |
| 5. | 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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| 6. | Admission Requirements and Development Plan |

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| **ADMISSION REQUIREMENTS**  Complete this form thoroughly - the Education Department Coordinator will can help supply much of the necessary data. | **DEVELOPMENTAL PLAN**  If you fall short of requirement, how and when do you plan to meet the requirement? |
| **Basic Skills Requirement: Typically met by one of the following: (minimum required score in parenthesis)**  **ACT+Writing Scores NES Scores**        a. Composite (22)       a. Reading (205)          b. English/Writing       b. Writing (214)    Combined or ELA (21)       c. Math (213)    **In order to obtain a Tier 4 teaching license after you begin teaching, you will need to meet basic skills requirements, which we encourage you to do prior to graduation.** |  |
| **EDUC 111 Writing Score:**  (must be 24 or higher) |  |
| **GPA of 2.5 or higher in all categories:**  **Cumulative**  **Ed Department Coursework**  **Licensure Content Area** (for Secondary Ed students) |  |
| **Required Licensure courses with a grade lower than a C** (All licensure required courses must be C or higher)  Term Course Grade\_\_\_\_ |  |
| **Teacher Shadow Experience completed**        Reflection paper must be uploaded to Taskstream        Supervising teacher’s evaluation form submitted to the Education Dept. |  |
| **20 hours of Service Learning Experience completed**         Supervisor’s evaluation form submitted to the Education Dept. |  |

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| 7. | Academic resume prior to CSB/SJU: |

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| --- | --- |
| *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.*

1. **REFERENCES:** Please supply the names email addresses of the two faculty members who will write references for you.

EDUC 111 Instructor Name:

*The Dispositions Rating your instructor provided at the conclusion of EDUC 111 serves as this reference.*

|  |  |
| --- | --- |
| Other Faculty Member/Supervisor Reference Name: | *Email Address* |
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1. **BACKGROUND CLEARANCE:** For acceptance to the Education Department and to work with K-12 students, all students must successfully clear a background check. Signing below indicates that you affirm that you successfully cleared your background check as part of your Education coursework, and you acknowledge that the Education Department will verify this.

|  |  |
| --- | --- |
|  |  |
| Full Name | Signature |

1. **ENTRY SURVEY:** Complete the Entry Survey at [this link](https://survey.co1.qualtrics.com/jfe/form/SV_0wezkbczWU0ghSt). Once completed, please sign below to indicate that this task is complete.

|  |  |
| --- | --- |
|  |  |
| Full Name | Signature |

1. **ATTESTATION:** 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 |
|  |
|  | |  |
| Date |