## **Application for Admission to Initial Teacher Certification Programs**

Section I. Personal Information (please print clearly)

Ms. / Mr. / Mrs. /Dr. (circle one)

Last	First	MI
Other Names:	U of L Student ID:	
Social Security Number:	Birth date:	(month/day/year)
Gender:(M/F?) Race/Ethnicity:_		
Section II: Contact Information		
E-mail address:		
Mailing Address:		
Phone number: ()	(home or cell?)	
Alternate Phone number: ()	(cell or work?)	
Section III: <b>Teacher Education Program</b>		
You are applying to the Bachelor's program. concentration.	Please indicate the <b>grade le</b>	<b>vel</b> and the
Grade Level: Middle)	(choose one: (Elemen	tary, Secondary, or
Concentration:(ECE), LBD, MSD, English, Mathematics, Social Chemistry, Physics, Business, or Earth Space	al Studies, Science, French, S <sub>l</sub>	oanish, Biology,

## Section IV: Application History and Testing information ACT Composite Score & date taken: PPST Combined score (if did not take ACT) & date taken: SAT score & date taken: Have you applied to the College of Education and Human Development prior to this application? (Yes or no?) If yes, indicate term of application and which program: Section V: **Academic History** List all colleges, institutions, graduate and professional schools attended, in order of attendance. Institution, Location, Dates attended, date of degree? Have you ever been dismissed, resigned or asked to resign from a teacher education program? Yes or No? \_\_\_\_\_ If yes, please explain. (Please attach a separate sheet if necessary.) Section VI. Signature I hereby certify that the information given on this application is accurate and complete. I understand that failure to answer any questions fully and accurately on this application or during the application process, may result in the denial of admission to the College of Education and Human Development.

Date\_\_\_\_\_