

Capital University Education Department

APPLICATION FOR ADMISSION TO TEACHER EDUCATION

All Signatures are Required Prior to Submitting Application to Ruff Learning Center 2nd floor.

***Transcript copy must be attached**

Name: _____ Date: _____

University ID No.: _____ Social Security No.: _____

Box No.: _____ Local Phone No. _____ Home Phone No. _____

Local Address: _____

Permanent Address: _____

Email Address: _____

*Intended Teaching License/s: _____

Semester admitted to University: _____

If other universities have been attended, please attach transcripts.

The following information is essential and must be verified by advisor.

PRAXIS I TEST IS NOT REQUIRED IF ACT SCORES ARE ABOVE 27

ACT Scores:	_____	PPST Scores:	_____
READING:	_____ / 27	READING:	_____ / 173
WRITING:	_____ / 27	WRITING:	_____ / 172
MATH:	_____ / 27	MATH:	_____ / 172

Courses and Grades Meeting General Education Goals:

Goal 1 _____ / \geq C Goal 2 _____ / \geq C Goal 3 _____ / \geq C Current GPA: _____ / \geq 2.5

~~Field Exp: _____ (Ed 211) or _____ (Ed 221) or _____ (Ed231) or _____ (Music 242)~~

I request the Education Council to review my personal and academic records for consideration for admission into the Capital University Teacher Education Program. In order to facilitate that process I answer the following:

Have I ever plead guilty to or been convicted of any felony, any violation of section 2907.04 or 2907.06 or division (A) Or section 2907.07 or the Revised Code, any offense of violence, theft offense, or drug abuse that is not a minor Misdemeanor, or any substantially comparable ordinance of a municipal corporation or of another state?

_____ YES _____ NO

I am currently on disciplinary probation? _____ YES _____ NO

Applicant's Signature: _____

Date: _____

Admission to Teacher Education is required before applying for Student Teaching

To be completed by Applicant's Advisor:

I have verified the information on this application. The student has met all requirements for admission to the Teacher Education Program.

Advisor's Signature: _____ **Date:** _____

Licensure programs:

Early Childhood Educ. (preschool-grade 3)

Middle Childhood Educ. (grades 4-9)

Language Arts
Science

(Choose two)

Math
Social Studies

Adolescent to Young Adult Educ. (grades 7-12)

Integrated Language Arts
Integrated Mathematics
Integrated Social Studies

Integrated Science
Single - Life, Earth, Chemistry (**Circle One**)
Dual - Earth, Chemistry, Physics (**Circle Two**)

Multi-Aged Educ. (preschool-grade12)

Health
Music
Visual Arts

Intervention Specialist
Physical Education

Endorsements

Middle School Generalist
TESOL

Reading

ACTION OF THE EDUCATION COUNCIL ON THE APPLICANT'S REQUEST FOR ADMISSION

Date _____ **Council Member's Signature:** _____

_____ Approved for admission into the Teacher Education program.

_____ **Not** approved for admission into the Teacher Education program.

**Upon successful completion of all requirements, return this form to the education department.
Ruff Learning Center Room 225**