

# *Capital University Education Department*

## **APPLICATION FOR ADMISSION TO TEACHER EDUCATION**

All Signatures are Required Prior to Submitting Application to Ruff Learning Center 227.

**\*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, SAT or GRE SCORES ARE MET**

<b>ACT Scores:</b>	<b>GRE Scores:</b>	<b>SAT Scores:</b>	<b>PPST Scores:</b>
READING: _____ / 27	Reading: _____ / 400	READING: _____ / 610	READING: _____ / 173
WRITING: _____ / 27	WRITING: _____ / 4.0	WRITING: _____ / N/A	WRITING: _____ / 172
MATH: _____ / 27	MATH: _____ / 400	MATH: _____ / 610	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 \_\_\_\_\_ (Music 242)

I request the Student Assessment and Monitoring Committee 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***

**\*See reverse side for Advisor's recommendation and license programs.**

**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:** \_\_\_\_\_

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**Licensure programs:**

**Early Childhood Educ. (preschool-grade 3)**

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**Middle Childhood Educ. (grades 4-9)**

Language Arts  
Science

**(Choose two)**

Math  
Social Studies

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**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)**

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**Multi-Aged Educ. (preschool-grade12)**

Health  
Music  
Visual Arts

Intervention Specialist  
Physical Education

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**Endorsements**

Middle School Generalist  
TESOL

Reading

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**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 227**