

For Office Use Only

Date Application Received _____
GPA: _____
Interview Date: _____

Status () Not Recommended
 () Recommended

Decision Date: _____

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
Greensboro, North Carolina

GRADUATE APPLICATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

(Please type)

Directions to candidate/applicant:

Please complete Section I of the application. After you have signed and dated the application, ask your faculty advisor AND department chairperson to complete Section II. Submit the signed form, (complete with your signature, your advisor's signature, and the department chairperson's signature) to the Office of the Dean of the School of Education-Room 380 School of Education Building.

Section I: To be completed by candidate/applicant

Last Name _____ First Name _____ MI _____

E-mail address _____

Local Address _____

City _____ State _____ Zip _____

Local Telephone # _____ Alternate Telephone # _____

Major _____ Licensure Program(s) _____

State(s) in which licensure will be sought _____

DPI Licensure Code(s) *(will be completed by Teacher Education Office)* _____

Circle appropriate classification: **PBS MAED MAT MS Other** _____

Are you a U.S. citizen? _____ If not, are you a permanent resident of the U.S.? _____

Racial/Ethnic Classification _____

Work or Other Experience Related to Teaching (use additional sheets if necessary)

	Type of Experience	Organization	Dates
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Statement of Applicant

Have you ever had a teaching certificate or license revoked or suspended by any state or other governing body? If yes, attach a statement giving full details and official documentation of the action taken.

() Yes () No

Have you ever been charged with a crime (excluding minor traffic violations)? If yes, please attach a letter of explanation and a certified copy of the court proceeding. Failure to answer truthfully could prohibit recommendation for licensure.

() Yes () No

Applicant's Signature _____ Date _____

Section II: To be completed by the candidates/applicant's faculty advisor and department chairperson

Instructions to the faculty advisor:

Indicate whether or not you have found evidence of each of the following in the candidate's/applicants file.

	Faculty Advisor		
	Yes	No	N/A
Teacher Education Interview			
Minimum required current GPA			

Faculty Advisor

() Recommendation for Admission () Not Recommended (please specify)

Comments (Attach extra sheet(s) if necessary)

Signature _____ Date _____
Faculty Advisor

Department Chair

() Recommended for Admission () Not Recommended (please specify)

Comments (Attach extra sheet(s) if necessary)

Signature _____ Date _____
Chair

Section III: Teacher Education Office

Recommendation

_____ Approved _____ Not Approved

Signature _____ Date _____
Dean or Designee