

# *NDSU School of Education*

## *Application for Admission*

Applicant: Please fill in and download the information below (including your digital signature). Once signed, email to your advisor for their signature. Advisors should then submit it to [ndsuet@ndsuet.edu](mailto:ndsuet@ndsuet.edu) or Marie Champagne ([marie.champagne@ndsuet.edu](mailto:marie.champagne@ndsuet.edu)), along with your completed application materials. **Please do not hand write.**

Application questions can be referred to your advisor or to Dr. Jeanette Hoffman, FLC 216D, [jeanette.hoffman@ndsuet.edu](mailto:jeanette.hoffman@ndsuet.edu).

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

EMPL ID \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Teaching Specialty \_\_\_\_\_ Additional Major \_\_\_\_\_

Minor \_\_\_\_\_ Advisor's Name \_\_\_\_\_

### **Core Academic Skills Exam Scores OR ACT+ Scores**

Reading Score \_\_\_\_\_ Composite \_\_\_\_\_

Writing Score \_\_\_\_\_ Math Score \_\_\_\_\_

Math Score \_\_\_\_\_ ELA Score \_\_\_\_\_

Reading \_\_\_\_\_

Writing \_\_\_\_\_

Note: Prior to student teaching, you will be required to have a fingerprint and background check. If you have been convicted of a misdemeanor or felony, you might not be eligible for teacher certification and licensure even if you have successfully completed this program. Please inform the Certification Officer (FLC 216D) of any charges you may have on your record.

Applicant: Your signature affirms that the above information is complete and accurate and that you understand the statement above.

Applicant Signature \_\_\_\_\_ Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### **For Office Use Only below this line:**

Cumulative GPA \_\_\_\_\_ Transfer GPA \_\_\_\_\_ Education GPA \_\_\_\_\_ Youth Hours \_\_\_\_\_

Credits \_\_\_\_\_ H.P. \_\_\_\_\_ Credits \_\_\_\_\_ H.P. \_\_\_\_\_ Credits \_\_\_\_\_ H.P. \_\_\_\_\_

EDUC 321 Grade "C" or Better \_\_\_\_\_ Disposition Referral \_\_\_\_\_ Praxis Test Date \_\_\_\_\_