

Southwestern Christian University
ADMISSION APPLICATION
PROFESSIONAL TEACHER EDUCATION

Read instructions carefully and return **completed** application with **all transcripts** to the Teacher Education Office, ***in the Adult Studies building*** no later than due date. No applications will be accepted nor considered after due date.

NAME:

Last First MI Maiden

CONTACT:

PHONE E-Mail

ADDRESS:

Street City State Zip

1. Are you a Transfer Student? ____ Y ____ N If Yes, from where? _____
2. Have you ever been admitted to an Oklahoma Teacher Education Program? ____ Y ____ N
(If yes, please attach supporting Documentation)
3. What is your Degree program? _____ Major
4. What **semester and year** do you plan on student teaching? Semester: _____ Year: _____
5. Have you applied for teacher education before? ____ Y ____ N
6. Please answer the following questions for statistical purposes.
 - a. Race _____
 - b. Gender _____
 - c. Age _____

DO NOT Write In This Box (Office Use Only)

YES NO

____ Total Hours _____ Hours completed
____ English (6 hours). _____ Hours completed
____ LAGPA _____ (must be 3.0 or higher)
____ Admitted another institution Where _____
____ Experience with children _____ field exp. _____ other

PTE GPA = _____

Major GPA = _____

Overall GPA = _____

Date GPA = _____

Initials = _____ Comments _____

Status = _____ Comments _____

PROGRAM COORDINATORS

Schedule Advisement session with your program coordinator. This application will not be accepted until this step has been completed.

EARLY CHILDHOOD EDUCATION..... Professor Ira Harris
ELEMENTARY EDUCATION.....Professor Ira Harris
ENGLISH Professor Shawn Pendley
HISTORY Professor Chet Horn
PHYSICAL EDUCATION.....Professor Ira Harris

Signature Program Coordinator	Date & Time of Interview
Signature of Student	Date Submitted

THIS SECTION IS FOR DEPARTMENTAL USE ONLY

Departmental Advisement - As a faculty member in this program, I have met and advised this student of the requirements for his/her program, portfolio, and foreign language.

Faculty Member _____ Interview Date _____
(Signature)

Comments:

Department advisement's are scheduled after the application has been submitted to the Teacher Education Office and processed. Applicant files are made after receipt of the application. Program coordinators will receive the applicant's file prior to the advisement meeting. **If the Teacher Education Office does not have a complete application, the program coordinator will not have a file.**

FELONY QUESTIONNAIRE

To be eligible for admission and retention to teacher education, a student must be eligible for state certification. Oklahoma legislation, Title 70 O.S., Supp. 1985, s3-104.1. states that no person shall receive a certificate for instructional, supervisory or administrative position in an accredited school of this state who has been convicted of a felony, any crime involving moral turpitude or a felony violation of the narcotic laws of the United States or the State of Oklahoma, provided the conviction was entered within the preceding ten-year period. Therefore, the following questions are utilized to assist in determining eligibility for state certification.

Please answer each question by checking "yes" or "no" as appropriate.

1. Have you ever been convicted of a felony?
☐ Yes ☐ No
 2. Have you ever been convicted of a misdemeanor?
☐ Yes ☐ No
 3. Have you ever entered a plea of guilty or nolo contendere (no contest) to a state felony charge?
☐ Yes ☐ No
 4. Have you ever entered a plea of guilty or nolo contendere (no contest) to a federal felony charge?
☐ Yes ☐ No
 5. Have you ever entered a plea of guilty or nolo contendere (no contest) to a state misdemeanor charge?
☐ Yes ☐ No
- Have you ever entered a plea of guilty or nolo contendere (no contest) to a federal misdemeanor charge?
☐ Yes ☐ No

NOTE: If the answer to questions 1, 2, 3, 4, and/or 5 is "Yes", state on a separate sheet of paper the nature of the charge, date, court you were tried in, and any explanation you wish to give.

In order that the officials of the University may be fully informed as to my personal character and qualifications for admission, I hereby authorize the University to contact other persons whom they wish concerning my personal character and qualifications, and I hereby release any such persons and the University from any and all liability for information provided or obtained as a result of these inquiries.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information, misrepresented information or significant omissions may disqualify me from further consideration for admission and may be considered justification for immediate revocation of my admission at any time prior to or after my admission.

Signature of Applicant

Date

BIOGRAPHICAL INFORMATION FOR ADMISSION TO TEACHER EDUCATION

NAME:

Last

First

MI

Maiden

CONTACT:

PHONE

E-Mail

ADDRESS:

Street

City

State

Zip

High School from which graduated _____ Date
Graduated _____

Total College Hours Completed _____ Other Colleges Attended _____

Teaching Specialization (Major) _____

Expected Date of Graduation _____ Degree to be Received _____

College Honors and Student Activities

- _____
- _____
- _____
- _____

Experiences with Children & Youth

- _____
- _____
- _____

Personal Goals for Becoming a Teaching Professional

- _____
- _____
- _____

Plans Following Graduation

- _____
- _____
- _____

Hobbies, Special Interests, Gifts, Talents

- _____
- _____
- _____