

Sweet Briar College

Teacher Education Program

Application to Teacher Education Program
(Due March 1st – Sophomore Year)

(Please type or print clearly)

I hereby apply for admission to the Teacher Education Program leading to endorsement in
_____ Pre-K-6

_____ 6-12, Content Area: _____

_____ Pre-K-12, Specialty Area: _____

Name: _____ SS# or Student ID:

College Address: _____

Campus phone: _____ Home phone: _____ Email address: _____

Permanent Address: _____

Number of credits completed: _____ Overall GPA: _____

Major Department _____

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever had a teaching license revoked or suspended in another state? _____ Yes _____ No

List EDUC courses completed and those in progress:

Course	Grade	Course	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transfer students' previous colleges and dates of attendance

Attach a 1-2 page essay addressing the following question: What personal qualities do you possess that will make you an effective teacher?

List Praxis I Scores: Reading _____ Writing _____ Math _____

If exempt, list SAT scores and attach official copy of score sheet.

13. Your signature _____ Date _____

Recommendation From Major Department

FACULTY PLEASE NOTE:

If you lack sufficient information to complete this form, please so inform student at this time so that she may request an evaluation from another professor. STUDENTS HAVE ACCESS TO ALL INFORMATION IN THEIR EDUCATION DEPARTMENT FILES.

Name of Student _____ Social Security # _____

Relationship with student (instructor, adviser, etc.) _____

Approximately how long have you known this student? _____

Reliability _____

Cooperation _____

Academic Ability _____

Written Expression (if observed) _____

Oral Communication Skills _____

Characteristics of student which you believe will contribute to teaching ability:

Characteristics of student, which you believe may hinder ability to teach:

Other relevant comments:

Overall Evaluation

- Highly recommend
- Recommend
- Recommend with reservation
- Cannot recommend
- Insufficient information to recommend

Date _____

Signature of Evaluator

Title or Position

PLEASE FILL OUT FORM COMPLETELY AND RETURN TO PAULETTE PORTER-STANSKY, EDUCATION DEPARTMENT ASSISTANT, ON OR BEFORE MARCH 1 OF APPLICANT'S SOPHOMORE YEAR.

Statement of Understanding

I understand that I must meet all departmental requirements described in the Teacher Education Program handbook to maintain admission in the Teacher Education Program, to apply for intern teaching, and to complete the Teacher Education Program.

Signature _____ Date _____
(required to accept admission into the Teacher Education Program)

Please **remove** this form from the handbook and **return** to the Chair of the Education Department.