

APPLICATION FOR ADMISSION
Teacher Education Program
Carleton College

Name _____ Class _____ Major _____

Home Address _____

I. Experiences working with children and youth (A.C.T. tutoring, camp counseling, supervising playgrounds, Scout work, etc.). Give dates:

II. If you are accepted into the program, you will be placed with a cooperating teacher in the public schools. Two questions cooperating teachers invariably ask are: 1) "Why do you find your subject area interesting and important?" and 2) "Why do you want to work with young people?" What are your preliminary answers to these questions? Use an additional sheet, if you wish.

Signature _____ Date _____

Applicants for the Carleton teacher education program should know that the Family Educational Rights & Privacy Act (FERPA) allows disclosure of information held in student files if it is determined to be of legitimate educational interest, for example, the presence of disciplinary records in the office of the Dean of Students. A student who may be concerned about any information that might affect consideration of his/her place in the teacher education program has the right to provide his/her own interpretation of that information and is urged to discuss these concerns directly with the chair of the educational studies department.

(THIS PAGE FOR EDUCATION DEPARTMENT USE)

Name _____

APPLICATION TO PROGRAM

| | Received | Date |
|-----------------------------|----------|-------|
| Application form | _____ | |
| Transcript | _____ | |
| Overall GPA _____ | | |
| At least 2.5 in major _____ | | |
| Recommendation/major | _____ | |
| Recommendation/education | _____ | |
| Interview | _____ | _____ |
| Interviewers _____ | | |
| _____ | | |

Application submitted to TEC _____

TEC Action _____

 Accepted _____

 Deferred _____

 Rejected _____

Applicant notified _____

Advisor Assigned _____

STUDENT TEACHING

Term _____ Number of weeks _____ Grades taught _____

School _____

Subject(s) _____

Cooperating teacher(s) _____

College supervisor(s) _____

Grades assigned _____ Credit given _____

LICENSE APPLICATION

Date submitted
to Registrar

| | |
|--|-------|
| Recommendation for licensure | _____ |
| Minnesota licensure application and check | _____ |
| Conduct statement | _____ |
| Fingerprint card and money order/certified check | _____ |
| PRAXIS I and II Verification | _____ |