

**SCHREINER UNIVERSITY  
APPLICATION FOR ADMISSION TO:  
SCHREINER TEACHER EDUCATION PROGRAM**

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last First M.I. Maiden

Mailing Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Campus Box # \_\_\_\_\_ Campus Phone # \_\_\_\_\_ Permanent Phone \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  Single  Married

Ethnic:  Am. Indian or Alaskan Native  African American (Non Hispanic)  Hispanic  
 Asian or Pacific Islander  White (Not Hispanic)  Other

Are you a U.S. Citizen?  Yes  No Have you ever been convicted of a felony?  Yes  No

Have you ever been suspended, dismissed, or forcibly withdrawn from an educational institution for non-academic reasons?  Yes  No

High School attended: \_\_\_\_\_  
Name of School City State

Major activities in working with youth: \_\_\_\_\_

Level of certification being sought:  Grades EC-4  Grades 4-8  Grades 6-12  Grades 8-12  All-Level

All-Level teaching field(s):  Exercise Science  Music

Grades 8-12 teaching field(s):  English  History  Life Science  Mathematics  Chemistry

Grades 6-12 teaching field:  Business Education

Grades 4-8 teaching field(s):  Generalist  English  Math/Science  Mathematics

Grades EC-4: teaching field  Generalist

Semester/year in which you plan to student teach: \_\_\_\_\_ / \_\_\_\_\_

**Transfer Students Only:** Hours Transferred: \_\_\_\_\_

Transferred from (Last College or University) \_\_\_\_\_

**Post-Graduate Students Only:** Students who have completed degrees, please complete the following:

Degree(s) held: \_\_\_\_\_ Date degree conferred: \_\_\_\_\_

Degree from: \_\_\_\_\_  
University City State Zip

Do you have a certification plan?  Yes  No

*Criminal background checks will be required of all students who are placed in public school classrooms. The background checks will be initiated by the participating school districts.*

## MY EDUCATIONAL PHILOSOPHY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**In the space below, please explain your beliefs regarding education. If additional space is needed, please use the back of this page.**

Please provide three recommendation forms: One from an education instructor which includes Ed. Psych, one from your advisor, and one from a professor in your teaching field. The professors will submit the completed forms for you.

**I certify that the above statements and all other information submitted in support of my application for admission to Teacher Education are true and correct and that I have included all relevant information.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date