Complete and sign this application and attached the following: any test scores not already on file in the Teacher Education Office, a CAPP or degree evaluation signed by your advisor, and a resumé.

# Personal Information

**Name:** Click or tap here to enter name (include previous names) **Gender:** [ ]  Male [ ]  Female

**ENMU ID:** Click or tap here to enter ID **Student status:** [ ]  Full-time [ ]  Part-time

**Current mailing address:** Street: Enter street

City: Enter city State: Enter state ZIP: Enter ZIP

**Permanent mailing address:** Street: Enter street

City: Enter city State: Enter state ZIP: Enter ZIP

**Current phone:** Enter current phone **Permanent phone:** Enter permanent phone

**ENMU email:** Enter ENMU email

**High school:** Enter high school **Graduation date:** Enter graduation date

# District Placement Preferences (Not Guaranteed)

**First:** Enter first placement preference **Second:** Enter second placement preference

**List family members who are employed by or attend school in the school district you are requesting and the school where they are located.**

**Family member:** Enter family member name **School:** Enter school

**Family member:** Enter family member name **School:** Enter school

**Family member:** Enter family member name **School:** Enter school

# Undergraduate Program (Choose one area only)

[ ]  Early Childhood Education **(Certification:** [ ]  **Birth to Pre-K or** [ ]  **Pre-K to 3rd)**

[ ]  Special Education/Elementary Education **(Endorsement area: Enter endorsement)**

[ ]  Secondary Education **(Major: Enter major Minor: Enter minor)**

[ ]  K-12 **(Major: Enter major Minor: Enter minor)**

# Graduate Alternative Licensure Program (Choose one area only)

[ ]  Elementary [ ]  Special Education [ ]  Secondary Education

# Observations

List previous placement sites. If a public school, include the school name, grade level, and classroom teacher.

**EDF 222:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**BLED 350 or 334:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**SPED 320/328:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**RED 350 or 375:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**ECE Practicum:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**Elementary Methods:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**Secondary Methods:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

#  Test Scores

I have taken and passed the required sections of the test with the following scores:

# Essential Academic Skills Tests

**Subject area** **Score** **Date taken**

I. Reading Enter I. Reading score Enter date taken

II. Writing Enter II. Writing score Enter date taken

III. Math Enter III. Math score Enter date taken

**Professional Knowledge:** [ ]  Early Childhood [ ]  Elementary Education [ ]  Secondary Education

**Score:** Enter score **Date taken:** Enter date taken

**Content Area:**

**Score:** Enter score **Date taken:** Enter date taken

[ ]  Elementary Education (Subtests I & II) [ ]  Music

[ ]  Family and Consumer Science [ ]  Physical Education

[ ]  General Science [ ]  Social Studies

[ ]  Health [ ]  Spanish

[ ]  English Language Arts [ ]  Special Education

[ ]  Mathematics [ ]  Other: Enter other

**NES Essential Components of Elementary Reading Instruction (SPED):**

**Score:** Enter score **Date taken:** Enter date taken

# Acknowledgements

I verify all comments and responses on all forms contained in my application are true and accurate to the best of my knowledge. [ ]  **Acknowledge** [ ]  **Do not acknowledge**

I agree to allow the director and staff of Teacher Education to request academic and security clearances from appropriate agencies, and I agree to allow those agencies to share the results of background clearance.

[ ]  **Acknowledge** [ ]  **Do not acknowledge**

The director of Teacher Education has my permission to request a confidential evaluation of my academic performance from my department record. [ ]  **Acknowledge** [ ]  **Do not acknowledge**

I understand this evaluation will be used to assess my capabilities and may affect my student teaching placement.

[ ]  **Acknowledge** [ ]  **Do not acknowledge**

I have taken **and** passed **all** required tests. [ ]  **Acknowledge** [ ]  **Do not acknowledge**

Signature: Date: