



"Preparing Teachers as Reflective Practitioners"

APPLICATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

Section 1. (To be completed by student)

Name in Full _____ Catawba ID Number _____

Permanent Mailing Address _____
Street or PO Box City State Zip

Date of Birth _____ Home Phone _____ Cell Phone _____

Campus e-mail _____ Permanent (non-Catawba) e-mail _____

Expected graduation/completion date _____ Major/Licensure Field(s) _____
Month Year

Complete all information in Section 1 and return it to the Teacher Education office by February 28 of your sophomore year.

Have you ever been convicted of a felony or crimes other than minor traffic offenses? Yes [] No []

Please read and initial the following statements.

Table with 2 columns and 2 rows containing statements about criminal background checks, Taskstream subscriptions, and licensure exam requirements.

Signature _____ Date _____

Section 2. (To be completed by advisor)

_____ recommend with no reservations that the above student enter a program of preparation for the teaching profession in
_____ recommend with some reservations
_____ do not recommend
Expected area of licensure _____

Comments:

Signature _____ Department _____ Date _____

Section 3. (For office use only)

SAT Math Score _____ ACT MATH _____ PRAXIS SCORES
READING: _____ Date _____
SAT Verbal Score _____ ACT - ENG _____ WRITING: _____ Date _____
SAT-Combined _____ ACT - Composite _____ MATH: _____ Date _____
Grade Point Average _____ date _____ COMPOSITE PRAXIS SCORE _____
(at Catawba)
**Speech Screening _____ **Comments _____

Section 4. ACTION OF TEACHER EDUCATION COUNCIL

_____ Approved pending criminal background check _____ Date _____
_____ Approved with restrictions+ _____ Signature, Chair of Department of Teacher Education
_____ Denied+ _____ +Comments _____

Section 5: (For office use only)

_____ ATED _____ TEED