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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** [ ]  Male [ ]  Female

**ENMU ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student status:** [ ]  Full-time [ ]  Part-time

**Current mailing address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_

**Permanent mailing address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_

**Current phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ENMU email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High school:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Graduation date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# District Placement Preferences (Not Guaranteed)

**First:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Second:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

[ ]  Secondary Education **(Major: \_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_)**

[ ]  K-12 **(Major: \_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_+)**

[ ]  Mathematics [ ]  Other: Enter other

# 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: