NELSON UNIVERSITY
1200 Sycamore Street, Waxahachie, Texas 75165

Teacher Education Program Application

(Print Clearly with Black Ink or Type)

NOTE: Applications will not be accepted until all criteria is met. Please review application requirements on second page. Program applications are accepted once per semester (January/July/September). A nonrefundable $60 Teacher Education Program application fee will be added to your student account once the application has been approved by the Teacher Education Committee.

_____

(Last Name) *(First Name)* *(Middle Full Name)* *(Maiden Name)*

Application Date: _____ **Gender:** ☐ Male ☐ Female

Semester Address:

Street: _____

Suite # /Apt # _____

City _____

State _____ Zip _____

Permanent Address:

Street: _____

Apt # _____

City _____

State _____ Zip _____

Date of Birth: _____

Phone: _____

Email: _____

Ethnicity:

○ Hispanic ○ Asian ○ White ○ African American ○ Other

CERTIFICATION SOUGHT	
☐ TX Certification	☐ Degree Only (DE)

CERTIFICATION SPECIALIZATON
Identify the content grade area for the below specializations

___ Middle 4-8
___ Secondary 7-12

_____ English Language Arts & Reading (ELAR)
_____ Mathematics
_____ Social Studies/History

_____ Elementary Core Subjects EC-6
_____ Physical Education EC-12
_____ Theatre EC-12
_____ Music EC-12 (**Choose 1 of the following below**)
___ Vocal
___ Instrumental

Have you ever been the subject of an arrest that has resulted in deferred adjudication, probation, or a conviction?

_____ YES _____ NO

- If YES, attach a statement with the date/place of arrest, nature of charge, and court of trial, and subsequent disposition.
- NOTE: Upon completion of certification requirements, the State Board of Educator Certification will conduct a criminal background check on all individuals recommended for certification.

All information contained herein is true to the best of my knowledge. I understand that all documents regarding my acceptance in the education program are the property of Nelson University, and I waive my rights to access such documents.

_____ _____

(Signature) *(Date)*

For Office Use Only

App: _____ **Essay:** _____ **TJTA:** _____ **Recommendation Forms: 1)** _____ **2)** _____

CUMULATIVE GPA: _____ **CUMULATIVE CREDIT HOURS:** _____ **CONTENT GPA:** _____ **CONTENT CREDIT HOURS:** _____

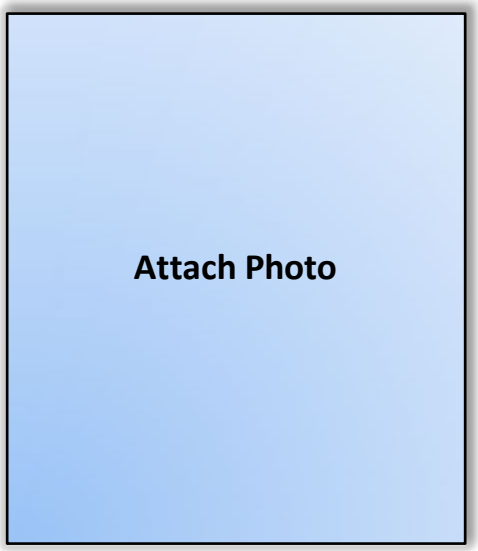
ENG1113 _____ **ENG1123** _____ **MTH1123** _____ **OBSERVATION HOURS:** _____

PROGRAM APPROVED _____ **PROGRAM ACCEPTANCE RECEIVED** _____

Teacher Education Program Application Requirements

NOTE: The following requirements must be met in order to meet application eligibility *(see below)*. Once requirements are met and application materials are submitted to the Education Department by the announced due date, an interview with two Education Committee members will be required. The interview date/time/interviewers will be arranged by the Education Department. All application materials and results of the interview will be reviewed and discussed by Education Committee members. The Committee's decision will be sent to you in writing within seven days following the Committee meeting.

- □ Successful completion of sixty (60) credit hours with a minimum of 10 observation hours.
- □ Achieve & maintain a cumulative grade point average (GPA) of 2.75.
- □ Achieve and maintain a core subject content grade point average (GPA) of 2.75.
- □ Students must complete ENG 1113 and ENG 1123 Composition and Rhetoric I and II achieving a minimum combined grade point average of 2.5 for the two courses.
- □ Complete MTH1123 *College Algebra* achieving a grade of C or higher. No grade will be accepted below a C- for this course.
- □ Receive a university counselor's recommendation based on results of the Taylor-Johnson Temperament Analysis (TJTA).
- □ Submit two (2) Recommendation for Approval to the Teacher Education Program forms from individuals *other than relatives, Nelson University employees, or fellow students* who can verify moral character and child/youth related experience or other work experience.
- □ Submit a 1-2 page typed, double-spaced statement of purpose essay describing reasons for desiring a profession in the teaching field.
- □ Complete and submit: Application for Teacher Education Program.
- □ Sign and submit: FERPA Consent to Release.
- □ Attach a copy of Driver License/Government Issued Photo ID.
- □ Provide an ID photo below (professional photo is not necessary & can be in black/white).



NELSON UNIVERSITY
Teacher Education Department, 1200 Sycamore Street, Waxahachie, Texas 75165-2397
Phone: 972-825-4756 Fax: 972-923-8163

Recommendation for Approval to the Teacher Education Program

THIS SECTION TO BE COMPLETED BY APPLICANT			
Anticipated Approval:	○ **Fall** ○ **Spring** **Year 20____**		**Social Security: xxx-xx-_____**
Last Name	**First Name**		**M.I. or Name**
Current Address	**City/State**		**Zip**

Personal Reference Survey (to be completed by an individual **other than** *relatives, Nelson Univ. employees, or fellow students*)

The person named above has applied for approval to the Teacher Education Program at Nelson University and has given your name as a reference. Please fill out the following reference survey to the best of your knowledge and return to:

Nelson University, Teacher Education Office, 1200 Sycamore Street, Waxahachie, Texas 75165-2397

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

To what extent have you known the applicant?

Personal Relationship: ○ Somewhat Close ○ Indirect ○ Distant
Professional Relationship: ○ Supervisor ○ Direct ○ Indirect

Do you know of anything that might hinder the applicant from making satisfactory progress as an educator? ○ Yes ○ No
(If yes, explain on separate sheet.)

Please check the following:	**Excellent**	**Good**	**Fair**	**Poor**	**Not Known**
Integrity					
Child/Youth Related Interaction					
Personal Appearance					
Emotional Stability and Maturity (Poise and self-control)					
Initiative and Creativity					
Cooperation with Others					
Leadership Potential					
Positive Attitude Toward Supervision					
Responsibility					
Punctuality					
Dependability					

Do you recommend the applicant as a candidate for the Teacher Education Program? ○ Yes ○ No ○ With Reservation
Comments:_____
_____
_____
(Please comment on separate page if necessary)

Reference Information

Please Print Your Name		Date
Organization	Position	
Address	City/State	Zip
Phone	Email	
Signature		

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Reference Information

Please Print Your Name		Date
Organization	Position	
Address	City/State	Zip
Phone	Email	
Signature		

Nelson University
Teacher Education Department, 1200 Sycamore Street, Waxahachie, Texas 75165
Email: teachereducation@nelson.edu

FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit Nelson University to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.

I, _____ am a candidate at
[Print Full Name]

Nelson University and hereby give my voluntary consent to officials:

A. To disclose the following records:
- Records relating to attendance
- Records relating to coursework evaluations
- Records relating to any of my field-based experiences
- Records relating to my performance in the field
- Texas Examinations of Educator Standards (TExES) test scores

B. To the following person(s):
- School districts or other agencies associated with field-based experiences
- School-based/Agency-based administrators
- School-based/Agency-based cooperating teachers/mentors
- Prospective employers
- Program faculty
- Advisory Committee members
- Teacher Education Committee

C. These records are being released for the purpose of:
- Conversing and reviewing performance
- Acquiring feedback
- Procuring required signatures

I understand that under the Family Educational Rights and Privacy Act of 1974 ("FERPA" 20 USC 123g; 34 CFR §99; commonly known as the "Buckley Amendment") no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including the required hours of observation, clinical teaching, student teaching, or internship.

It is my understanding that field-based experience documents and performance evaluations become the property of Nelson University, and I waive rights to obtain a copy of the same.

_____ _____
Signature of Candidate *Date*

xxx-xx-☐☐☐☐
Candidate Social Security

_____
Candidate TEA ID Number

Date of Birth: _____

Student Email: _____

Student Phone Number: _____