



POST BACCALAUREATE APPLICATION FOR
TEACHER CERTIFICATION

PLEASE PRINT OR TYPE

NAME: Last (Maiden Name) First M.I. Social Security Number

STREET: DATE OF BIRTH:

CITY: STATE: ZIP: HOME COUNTY:

HOME TELEPHONE: () WORK TELEPHONE: ()

ALTERNATE/MOBILE TELEPHONE: () EMAIL:

CITIZENSHIP: U.S. Citizen Immigrant-Permanent Resident (see below)
Non-Resident Alien Country of citizenship?
Visa Status?

a. Seeking Admission Full-time Part-time b. Starting Term Fall Spring Summer Year
c. Certification Area (you may choose more than one)
Early Childhood (PreK-4) French (K-12) Math (7-12)
Middle Grade (4-8) Spanish (K-12) Physics (7-12)
Art (K-12) Biology (7-12) Social Studies (7-12)
Chinese (K-12) Chemistry (7-12)
B.C.I. T (K-12) English (7-12)
Business, Computer & Information Technology

EMPLOYMENT: Current Employer:

Does your employer offer tuition reimbursement? Yes No Don't Know

Employer Address:

EDUCATIONAL HISTORY (Please include all schools attended):

SECONDARY SCHOOL:

Table with 3 columns: Name, Location, Dates Attended/Graduation

COLLEGE OR UNIVERSITY:

Table with 4 columns: Colleges/University, Location, Major/Program of Study/Degree Earned/Dates Attended

PREVIOUS GRADUATE STUDY:

Colleges/University

Location Major/Program of Study/Degree Earned/Dates Attended

Those who are not native speakers of English must submit recent TOEFL scores.

REFERENCES: Provide the names of three persons who will be providing recommendations.

1) _____ 2) _____

3) _____

RACE/ETHNICITY: The information requested below is sought to comply with the U.S. Department of Education reporting procedures. It is *strictly voluntary* and will not affect consideration of your application.

a. Are you Hispanic/Latino? Yes No

b. Please indicate predominant category/categories (you may check more than one).

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

VETERAN STATUS:

Are you a military veteran? Yes No

APPLICATION CHECKLIST: Enclose or request each of the following items. Items should be sent to the Graduate Coordinator at the Address below.

Application Form Transcripts from *all* Colleges Attended

(3) Letters of Recommendation (to be sent directly to Saint Vincent College)

How did you learn about our program? _____

It is to my knowledge that I, _____, do not possess any records that would appear on any of the following clearances (FBI, Act 34 PA Criminal Record, and Act 151 Child Abuse) that could prevent me from obtaining a PA Teaching Certificate. I understand that bearing false witness to the prior statement may result in my removal from the Teacher Certification Program.

Signature

Date

I certify that the information given on this application is complete and accurate.

Signature

Date