University of Dallas Educator Preparation Program -- Application for Admission

Essay: WHY DO YOU DESIRE TO TEACH? - Write a short essay expressing your desire to be a teacher and your career goals. Describe the setting and role in which you see yourself upon completion of your certification. (please refer to rubric for scoring details)

Admission Criteria:



Please

refer to the Basic Skills Requirements for more details on English language proficiency evidence.

<u>Retention</u>: The academic progress of each student admitted is reviewed each semester. Students who fail to do satisfactory work will be placed on departmental probation. Continued unsatisfactory work will result in dismissal from the program.

Return the completed application to the Certification Officer in the Department of Education office. If the certification officer is unavailable, the application can be turned into the graduate assistant.

If you need to mail in your application, please use this address:

University of Dallas Department of Education

University of Dallas EDUCATOR PREPARATION PROGRAM -- APPLICATION FOR ADMISSION

Name (Last, First	, Middle Initial)				
Present Address					
	Number and Street	City	State	Zip	
Permanent Addre	ess .			b	er and Stre nBa

DEPARTMENT OF EDUCATION

Clinical Teaching, Internship or Instructional Practice Assignment Request Form

Student Name				
Address				
	Number and Street	City	State	Zip Code
Home Phone:		Cell Phone:		
Please indicate	e certification level:			
Elementary _	Middle School	Secondary	Theology	
If Middle or Se	econdary school, indicate	e which subject		

FINAL EXAMS & BREAK (WINTER/SUMMER) SCHEDULE

It is imperative that the Department of Education knows how to contact you during the remainder of the semester and over the break (winter or summer)

Name:	Dorm/Room/Apt #:(if applicable)
Address:	Cell Phone:
1 R Q 8 ' Email Address:	-
and include the dates you will be at that	break from the one above, please write it below address. If you know your travel dates but use dates away from campus along with a
Address:	
	- -
Travel Dates:	

University of Dallas - Department of Education Clinical Teaching Personal Data Form

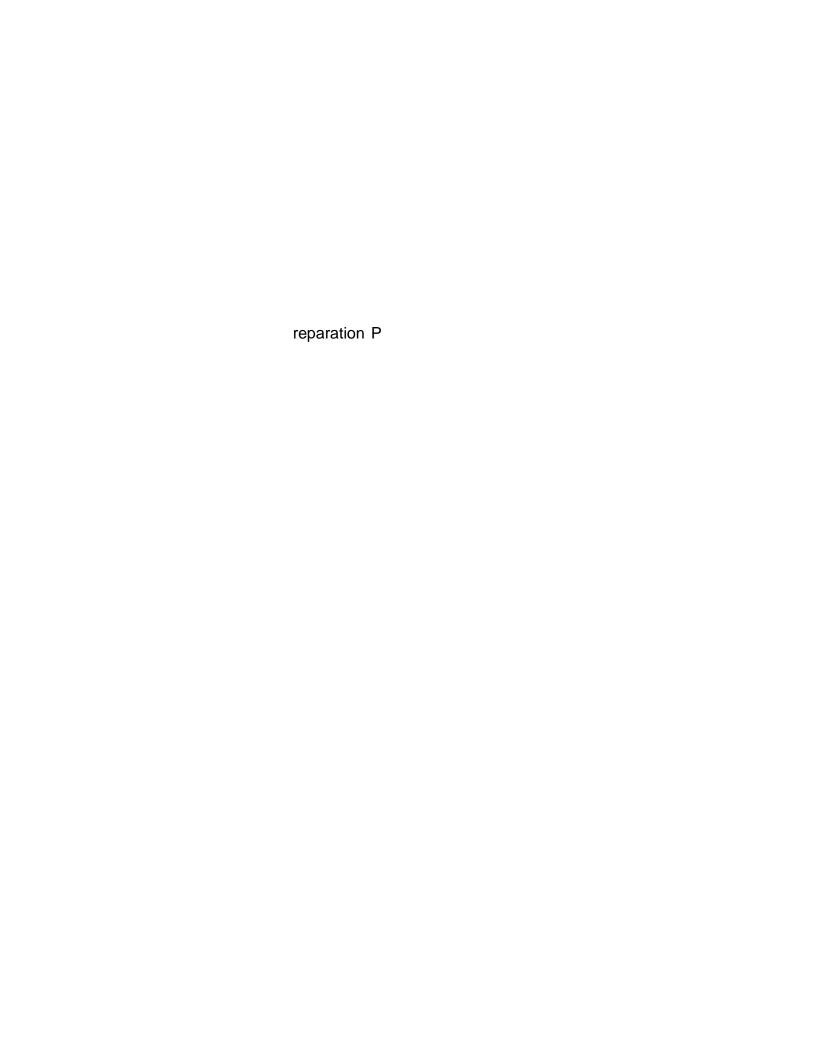
Date		
Name		
Address		Insert Photo HERE
Birth Date		
Academic Background		
High Schools Attended		
Name	Location (city & state)	Date
Name	Location (city & state)	Date
Colleges Attended (Othe	r than University of Dallas)	
Name	Location (city & state)	Date
Name	Location (city & state)	Date
Work Experience (last 3 p	ositions)	
Company Name	Location (city & state)	-RE 7LWOH
Company Name	Location (city & state)	-RE 7LWOH
Company Name	Location (city & state)	-RE 7LWOH

University of Dallas - Department of Education Clinical Teaching Personal Data Form

Experience Working with Youth (Church, Scouts, Summer Camp, Community Activity, etc.)

	Location (city & state)	-RE 7LWOH
Name or Place	Location (city & state)	-RE 7LWOH
Name or Place	Location (city & state)	-RE 7LWOH
Personal Experience (Special Skills, Special	Interests, Military Service, Hobbies, La	anguage Abilities)
	ships, Campus Clubs, Activities, etc.	

University of Dallas - Department of Education Clinical



National Criminal History Checks FAQs

TEA conducts a national criminal history check on all applicants for certification. Texas Education Code (TEC) §22.0831 states "The board shall review the national criminal history record information of a person who has not previously submitted fingerprints to the department or been subject to a national criminal history record information review."

1. Will having a criminal history prevent me from becoming certified?

Possibly. Criminal histories are evaluated on a case by case basis by considering the following factors:

- x the nature and seriousness of the crime;
- x the relationship of the crime to the purposes that certification is required to become a professional educator;
- x the extent to which certification might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved;
- x the relationship of the crime to the ability, capacity, or fitness required to perform the duties of a professional educator;
- x the extent of the applicant's past criminal activity;
- x the age of the person when the crime was committed;
- x the amount of time that has elapsed since the person's last criminal activity;
- x the conduct and work activity of the person before and after the criminal activity;
- x if the person has completed the terms of their probation or deferred adjudication;
- x the evidence of rehabilitation; and
- x other evidence, including letters of recommendation.
- 2. Will TEA provide an opinion about my elig.3 312.05 Td [(a)eceu q 0i52 Tfctivide uctoe ua(d)4.002 ((



DEMOGRAPHIC INFORMATION FOR TEA ACCOUNT SET-UP AND TESTING AUTHORIZATION

SOCIAL SECURITY#	
NAME: Last, First, Middle (a	or state identification card)
DATE OF BIRTH	
ETHNICITY (African American, Asian, Hispanic, Nati	ve American, Other, White, Not Specified)
PHONE NUMBER	
EMAIL ADDRESS	
STUDENT SIGNATURE	 Date

