



Application for Admission to Teacher Education

Your full legal name: _____ J # _____
First Middle Last

Class ☐ Freshman ☐ Sophomore ☐ Junior Home Address: _____
☐ Senior ☐ Graduate _____

Ethnicity ☐ White ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic ☐ Non-Resident Alien
☐ American Indian/Alaskan Native ☐ Other (specify) _____

I hereby apply for admission to the following programs:

- | | |
|--|---|
| <input type="checkbox"/> LTD (Lutheran Teacher Diploma) or <input type="checkbox"/> Public school only | <input type="checkbox"/> Special Education (K-9)(7-12) |
| <input type="checkbox"/> Elementary Education (K-8) | <input type="checkbox"/> K-12 Health & Physical Education |
| <input type="checkbox"/> Early Childhood (B-3)(available only with Elementary) | <input type="checkbox"/> K-12 Music |
| <input type="checkbox"/> Middle Level (4-9) | <input type="checkbox"/> K-12 Art |
| <input type="checkbox"/> Secondary (7-12) | <input type="checkbox"/> K-12 ELL |
| Secondary/Middle Level field or _____ | |
| content/subject areas _____ | |

Expected Date of Graduation _____

I understand that I will not be fully admitted to teacher education until I have passed all segments of the Pre-Professional Skills Test (PPST).

Signature _____ Date _____

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To be completed by the Education Office

GPA Elem _____	ErlyCh _____	PPST Reading _____
SpEd _____	MidLev _____	Mathematics _____
Sec/ML1 _____	Sec/ML2 _____	Writing _____
K-12 _____	Prof _____	Cum GPA _____

First Review: ☐ Admission ☐ Provisional ☐ Denial

Dean of Education _____ Date _____

Second Review: ☐ Admission ☐ Provisional ☐ Denial

Dean of Education _____ Date _____

Third Review: ☐ Admission ☐ Provisional ☐ Denial

Dean of Education _____ Date _____

To be completed by appropriate faculty members

Dean of the College of Education – This signature indicates that you can begin the process of admission to the Teacher Education program at Concordia University, Nebraska. This process should be completed within one semester of the start date

Signature:

Start Date:

Advisor – By signing I acknowledge that the teacher education candidate is beginning the process of application to the Teacher Education program.

Signature:

Date:

Professor that I have had for class at Concordia - By signing I acknowledge that I have received an evaluation form from the student and will complete it and return it to Dr. Ron Bork, the Dean of the College of Education, within one week.

Signature:

Date:

Professor that I have had for class at Concordia - By signing I acknowledge that I have received an evaluation form from the student and will complete it and return it to Dr. Ron Bork, the Dean of the College of Education, within one week.

Signature:

Date:

Program Director – needed only if you are Early Childhood, Middle Level or Special Education - I have met with the candidate and have evaluated his/her portfolio. – Interview appointment necessary

Signature:

Date:

Director of Elementary / Secondary Education (includes K-12) – will also include your portfolio review – Interview appointment necessary

Signature:

Date:

Dean of Education – Interview appointment necessary

Signature:

Date:

Director of Student Life

☐ Not currently serving any disciplinary probation

☐ Currently serving a disciplinary probation

Signature:

Date: