

Application for Admission to the Teacher Education Program

Personal Information

(Circle One)

Mr. Ms. Mrs. Miss

Last Name First Name M.I.

Maiden/Former Name(s)

Address

City State Zip Code

Work Phone Home Phone

Cell Phone Fax (Optional)

Drury E-mail Address

Social Security Number Date of Birth (mm/dd/yyyy)

Drury University ID#

Location:

Ava ____ Cabool ____ Ft. Leonard Wood ____

Lebanon ____ Licking ____ Monett ____ Rolla ____

Springfield ____ St. Robert ____ Thayer ____

Are you a U.S. Citizen or a permanent resident?

____ Yes ____ No

Ethnic Status (optional and requested for reporting purposes only).

____ African American ____ Native American

____ Asian American ____ Other

____ Caucasian ____ Mexican American/Hispanic

Classification (circle one):

Freshman Sophomore Junior Senior Post-baccalaureate

Area of Certification Desired:

____ Elementary Education (Grades 1-6)

____ Middle School (Grades 5-9) **(Post-bac only)**

Content Area _____

____ Troops to Teachers (Grades 5-9) **(Post-bac only)**

Content Area _____

____ Secondary (Grades 9-12 or K-12)

Content Area _____

Criminal Record Check Release and Caregiver Background Screening Release

I agree to complete the criminal background check located at www.dhss.mo.gov/FCSR (required payment and processing fee). I understand that the Drury University School of Education and Child Development will have access to the results of the check that will indicate any arrests, reports of sexual abuse, family violence, or child abuse my record may contain.

I also agree to release Drury University and its employees from future liability for any negligent act, omission, or fault arising from or related to this criminal record check or background screening check and any information contained in them. I do not, however, waive my rights to hold Drury University responsible for any harm caused by the intentional or grossly negligent conduct of its employees.

I understand that Drury University will use the information obtained from this criminal record check and caregiver background check to determine my eligibility for admission to the teacher education/certification program. Drury's consideration of my application to the program is offered in exchange for this release.

Transcript Release

I authorize the Drury University Registrar to prepare copies of my undergraduate and graduate transcripts to be included in my Teacher Education/Certification program file. These transcripts will be used in determining my eligibility for admission to the Teacher Education/Certification program and for advisory purposes by the Director of the School of Education and Child Development.

Signature

Printed Name

Date