

# University of Northern Iowa

## Application for Admission to Teacher Education

**Directions:** This application must be typed, completed on a computer, or printed in ink. Failure to provide accurate information will result in denial of admission to the University of Northern Iowa Teacher Education Program.

Name \_\_\_\_\_  
Last First Middle

Student Number \_\_\_\_\_ Date of Birth (opt) \_\_\_\_\_

Local Address \_\_\_\_\_  
No., Street City State Zip

Home Address \_\_\_\_\_  
No., Street City State Zip

UNI email address \_\_\_\_\_

Major (1) \_\_\_\_\_ (2) \_\_\_\_\_

Minor(s) \_\_\_\_\_

**Directions:** Essay questions 1 & 2 should be answered in paragraph format, using complete sentences, and approximately 3-4 sentences in length. This application may be seen by professors and future employers. **Therefore, your essay should be error-free for acceptance into the Teacher Education Program.** If not, your application may be returned for revisions.

1. State what you would like to accomplish as a teacher. \_\_\_\_\_

---

---

---

---

---

---

---

---

2. Describe your unique skills and talents that will help you as a teacher. \_\_\_\_\_

---

---

---

---

---

---

---

---

|                      |       |
|----------------------|-------|
| For office use only: |       |
| Cum GPA              | _____ |
| _____                | _____ |
| _____                | _____ |
| PPST scores:         |       |
| reading:             | _____ |
| writing:             | _____ |
| math:                | _____ |
| <b>total:</b>        | _____ |
| Writing              | _____ |
| Oral Com.            | _____ |
| <b>Admitted:</b>     | _____ |
| OSHA                 | _____ |
| Child Abuse          | _____ |
| DCI Check            | _____ |

**Directions for questions 3 and 4,** attach a separate page to list the following experiences:

- activities in which you have worked with children or youth during the past five years (e.g. Sunday School teaching, coaching, day care center, etc.).

**Type of Experience                      Where                      Dates                      Responsibilities**

- any community service activities in which you have been involved during the past five years.

**Type of Service Activity                      Where                      Dates                      Responsibilities**

NOTE: Iowa law states that an applicant for teacher licensure shall be disqualified for any of the following reasons:

- The applicant has been convicted of a felony.
- The applicant has a founded report of child abuse or sexual abuse of a child filed against him/her.
- The applicant's application is fraudulent (you have not told the truth in your responses).
- The applicant's license or certification from another state is suspended or revoked.

If further clarification of this law is needed, contact the Office of Teacher Education, SEC159A, 319-273-2265.

I have completed a Department of Criminal Investigation background check during my current teacher preparation experience. \_\_\_ yes \_\_\_\_\_ date of completion \_\_\_ no. (Transfer students: recent DCI checks will transfer to UNI.) If "no," I know that I have been strongly recommended to complete this check prior to entering any field experience during my UNI teacher preparation. \_\_\_\_\_yes

Applicant's signature: \_\_\_\_\_

**Directions:** Read the statement below. Your signature reflects your understanding of those statements and also attests to the accuracy of your responses on this application.

I believe that I have the requisite qualities to become a successful teacher. Further, I understand that my progress and performance will be subject to evaluation in accordance with generally accepted practices. I also understand that **I must keep track of my own progress in the Teacher Education Program using UNITED on MyUNiverse** and, should subsequent evaluation(s) indicate a need for remedial or professional help, I am obligated to make myself available for it or risk being suspended from the Teacher Education Program.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Keep a copy of your completed application form for your professional records.**

**Return the completed application to:** Office of Teacher Education  
159A Schindler Education Center  
University of Northern Iowa  
Cedar Falls, Iowa 50614-0602

| Office Use:  | First Submission | Second Submission | Third Submission |
|--------------|------------------|-------------------|------------------|
| Acceptable   | _____            | _____             | _____            |
| Unacceptable | _____            | _____             | _____            |