

**SCHREINER UNIVERSITY  
APPLICATION FOR ADMISSION TO:  
SCHREINER TEACHER EDUCATION PROGRAM**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Campus Mail Box # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Schreiner Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  Single  Married

Ethnic:  Am. Indian or Alaskan Native  African American (Non Hispanic)  Hispanic  
 Asian or Pacific Islander  White (Not Hispanic)  Other

Are you a U.S. Citizen?  Yes  No Have you ever been convicted of a felony?  Yes  No

Have you ever been suspended, dismissed, or forcibly withdrawn from an educational institution for non-academic reasons?  Yes  No

High School attended: \_\_\_\_\_  
Name of School City State

Major activities in working with youth: \_\_\_\_\_

All-Level teaching field(s):  Exercise Science  Music  
Grades 7-12 teaching field(s):  English  History  Life Science  Mathematics  Chemistry  
Grades 4-8 teaching field(s):  Core Subjects  English  Math/Science  Mathematics  
Grades EC-6: teaching field  Core Subjects

Semester/year in which you plan to student teach: \_\_\_\_\_ / \_\_\_\_\_

**Transfer Students Only:** Hours Transferred: \_\_\_\_\_  
Transferred from (Last College or University) \_\_\_\_\_

**Post-Graduate Students Only:** Students who have completed degrees, please complete the following:

Degree(s) held: \_\_\_\_\_ Date degree conferred: \_\_\_\_\_

Degree from: \_\_\_\_\_  
University City State Zip

Do you have a certification plan?  Yes  No

*Criminal background checks will be required of all students who are placed in public school classrooms. The background checks will be initiated by the participating school districts.*

## MY EDUCATIONAL PHILOSOPHY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**In the space below, please explain your beliefs regarding education. If additional space is needed, please use the back of this page, or attach to this application.**

Please provide recommendation forms to your instructors. The professors will submit the completed forms to the Teacher Education Office.

**I certify that the above statements and all other information submitted in support of my application for admission to Teacher Education are true and correct and that I have included all relevant information.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Schreiner University  
Teacher Education Program

FERPA Consent to Release Educational Records and Information

**This release represents your written consent to permit (Name of EPP) to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.**

I, \_\_\_\_\_ [print full name] am a candidate at  
\_\_\_\_\_ [name of Educator Preparation Program] and hereby give my voluntary  
consent to officials:

A. To disclose the following records:

- Records relating to any of my field-based experiences
- Records relating to my performance in the field

B. To the following person(s):

- School districts or other agencies associated with field-based experiences
- School-based/Agency-based administrators
- School-based/Agency-based cooperating teachers/mentors
- Program faculty

C. These records are being released for the purpose of:

- Conversing and reviewing performance
- Acquiring feedback
- Procuring required signatures

**I understand that under the Family Educational Rights and Privacy Act of 1974 (“FERPA” 20 USC 123g; 34 CFR §99; commonly known as the “Buckley Amendment”) no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including 30 clock hours of observation, clinical teaching, student teaching, or internship.**

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Candidate TEA ID Number:

Date of Birth:

Student Contact Information:

Email:

Phone Number: