



APPLICATION FOR ADMISSION TEACHER EDUCATION PROGRAM

NAME _____
last first middle or birth date of application

Preferred first name _____

ADDRESS _____
street city state zip

PHONE _____
home work cellular e-mail

ENROLLMENT: _____ Infant and Toddler (Birth through 3 yrs. old) _____ Early Childhood (2 ½ through 6)

_____ For Credential: _____ FULL (Requires Baccalaureate Degree)
_____ ASSOCIATE (Requires High School Diploma)

_____ For Information Only

_____ Single Subject(s) (list) _____

REMAINDER OF APPLICATION TO BE COMPLETED BY FULL ENROLLMENT APPLICANTS ONLY

College or University City/State Degree Earned Major Graduation Date

OR

High School _____ City/State _____ Graduation Date _____

Two sets of *OFFICIAL TRANSCRIPTS* must be sent from your University to CMTEP; or two notarized copies of High School Diploma

If your transcripts are from a foreign country, World Educational Services must evaluate them. Have you made arrangements for your transcripts to be evaluated? _____ yes _____ no

Please indicate anything you would like us to know about your leaning style that would enable us to assist you during the course?

Have you made arrangements for a Practicum Site? _____ yes _____ no

If you do not have a Practicum Site, in what geographic location do you plan to work? _____

EXPERIENCE Location Position(s) Held Dates Paid/Volunteer

WITH _____

CHILDREN _____

REFERENCES: Three letters of reference should be submitted as soon as possible from non-relatives, acquainted with applicant's professional qualifications, ethical standing, and relationships with children.

