

Application for the teacher Education Evening Licensure Program

enrollment information

Please check the box/es of the program for which you are applying:

- Early childhood (Pre-Kindergarten to Grade 3)
- Middle Childhood (Grades 4-9)
- Adolescent to Young Adult License (Grades 7-12)
 - Teaching Content Fields:
 - Integrated Language Arts
 - Integrated Mathematics
 - Integrated Social Studies
 - Life Science
 - Life Science/Chemistry

I plan to begin the Teacher Education
Evening Licensure Program

- Fall Semester, 200_____
- Spring Semester, 200_____
- Summer Session 200_____
- Multi-Age License (check one)
 - Visual Arts
 - Spanish
 - Mild/Moderate Intervention Specialist (PK-12)

personal information

Name (Last, First, Middle) _____ Male Female

Former Last Name (if any) _____

Address Number & Street _____

City _____ State _____ Zip Code _____

Telephone: Day () _____ Evening _____ Cell () _____

Email Address _____

Birthdate (Month, Day, Year) _____

Social Security Number _____

U.S. Citizen Yes No

If not a U.S. citizen, country of citizenship _____

Permanent resident (Green Card Holder) Visa Holder Visa Needed Other _____

Alien Registration Number _____

Academic information

Please list all colleges/universities that you have attended

Please request an **official** transcript from each college or university listed here

The college or university can send it to Notre Dame College or send it to you and you forward it to Notre Dame College
unopened

College/University _____ City, State, Zip code: _____

Dates Enrolled _____ Degree Received _____ Grade Point Average _____

College/University _____ City, State, Zip code: _____

Dates Enrolled _____ Degree Received _____ Grade Point Average _____

College/University _____ City, State, Zip code: _____

Dates Enrolled _____ Degree Received _____ Grade Point Average _____

College/University _____ City, State, Zip code: _____

Dates Enrolled _____ Degree Received _____ Grade Point Average _____

College/University _____ City, State, Zip code: _____

Dates Enrolled _____ Degree Received _____ Grade Point Average _____

Employment information

Please list full-time and part-time employment information for the last five years.

Employer _____

Address _____

Your title or position _____

Years employed, from _____ to _____

Employer _____

Address _____

Your title or position _____

Years employed, from _____ to _____

Employer _____

Address _____

Your title or position _____

Years employed, from _____ to _____

reference:

Please list two people who are acquainted with your academic or professional experience.

Name _____

Title _____

Daytime phone number () _____

Name _____

Title _____

Daytime phone number () _____

personal statement

I certify that the information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsification of information on this application could jeopardize my acceptance to and enrollment at Notre Dame College. I authorize any school that I have previously attended to release personal and academic information to Notre Dame College.

Signature _____ Date _____

Application review

In the enclosed envelope, please include:
this completed application and
a check for \$30 application fee.

Request **official** transcripts from **each college/university** attended. Ask that the transcripts be mailed to:

**Notre Dame College
Office of Admissions
4545 College Road
Cleveland, Ohio 44121-4293**

Or, ask that the transcripts be mailed to you. Then, you forward them to the above address in the **unopened** envelope.



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Changing the World... One Student at a Time.