

DEPARTMENT OF EDUCATION  
College of Saint Benedict and Saint John's University  
Application for Admission to the Teacher Education Program

**I. MAJOR**

\_\_\_\_\_ ELEMENTARY EDUCATION  
\_\_\_\_\_ SPECIALTY

\_\_\_\_\_ 5-12 OR K-12 EDUCATION  
\_\_\_\_\_ MAJOR FIELD

**II. INFORMATION:** (Please complete the following.)

\_\_\_\_\_ your present semester in college (3<sup>rd</sup>, 4<sup>th</sup>, etc.)

\_\_\_\_\_ expected semester of student teaching

\_\_\_\_\_ expected date of completion of teacher education program

\_\_\_\_\_ cumulative GPA as of date of application

\_\_\_\_\_ minor (if applicable)

\_\_\_\_\_ Advisor's Name

**III. EDUCATION:** List the education courses that you have completed or in which you are now enrolled. (Give course number, title, and grade received.)

**IV. REFERENCES:** Please supply the names (and addresses if they are off-campus) of the three faculty members that you are asking to write references for you. ONE OF THESE SHOULD BE YOUR SYMPOSIUM INSTRUCTOR.

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**V.** In accordance with the regulations of the Department of Education, I hereby make formal application for admission to the phase of teacher education that I have checked above. If accepted, I agree to meet the requirements of the Teacher Education Program as stated in Course Bulletins for the College of Saint Benedict/Saint John's University, and the Education Department Handbook. I understand clearly that if I am found deficient or negligent in meeting the stated requirements, I can be dismissed from the program. I understand that recommendation for a teaching license is contingent upon satisfactory completion of the requirements of this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Date of Application