

Creighton UNIVERSITY

APPLICATION FOR ADMISSION TO THE EDUCATION DEPARTMENT

Last Name:	First Name:	M.I.
Net ID:	Expected Graduation Date:	

Local Address:	
Personal Email:	Local/Cell Phone:

Optional Information: (will be used for statistical purposes only)

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ()	Are you a resident of Nebraska? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate Ethnic/Racial Origin:		
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Asian American Pacific Islander	<input type="checkbox"/> Latino or Hispanic American	<input type="checkbox"/> Other
High School GPA:	ACT Overall Score: ACT Math Score:	ACT Reading Score: ACT Science Score:
	ACT Writing Score: ACT English Score:	CU Matriculation Date:

Please check (✓) one box on each line:

- | | | |
|--|---|--|
| 1) <input type="checkbox"/> Elementary Education Major | [<input type="checkbox"/> Secondary Co-Major, Major: _____ | |
| 2) <input type="checkbox"/> Undergraduate | [<input type="checkbox"/> Graduate | |
| 3) <input type="checkbox"/> College of Arts & Sciences | [<input type="checkbox"/> University College | [<input type="checkbox"/> Graduate School |

Complete the remainder of this form and submit it (and all additional documents **TOGETHER**) to the Education Department for consideration. An interview may be required upon review of your application.

ADMISSION REQUIREMENTS

Applicants are to meet the following criteria in order to be officially accepted into the Creighton University Teacher Education Program. Without meeting these criteria, students will not be permitted to take required Education courses at the 300 to 500-level.

1. The student must successfully complete EDU 103/170, 208, and 211 and two academic semesters.
2. The student must possess an overall GPA of at least 2.5 in all courses and include a Degree Works transcript.
3. The student must submit the "Why I Want to Teach" essay.
4. The student must submit evidence of successful experiences working with children or young adults.
5. The student must complete the Self – Rating Scale.
6. The student must have satisfactorily completed the Praxis Core tests (Reading, Writing, Mathematics).
7. The student must complete the professional conduct statements which MUST be notarized.
8. The student must submit a completed major and/or co-major application to The Education Department Office, Eppley 450.
9. The student must also file a declaration of major or co-major on The College of Arts and Sciences website.

PRAXIS CORE SCORES	
Reading 5712 (*156 min score)	
Mathematics 5722 (*150 min score)	
Writing 5732 (*162 min score)	
Date of tests (or when you plan to take the tests)	

Grade Point Average(s)	
Elementary Ed. Majors – Overall:	
Secondary Co-Majors:	
Major:	
Overall:	

* Prior to 9/1/14, acceptable PPST (not Praxis Core) minimum test scores are: Reading 170, Math 171, and Writing 172.

Rev: 10/2016

PROFESSIONAL CONDUCT STATEMENTS:

(This form must be notarized and signed.)

I declare under penalty of perjury that the information furnished herein is true, correct, and complete to the best of my knowledge and belief.

Have you ever been found guilty or convicted of a felony, or misdemeanor involving abuse, neglect, or sexual misconduct? *(Check one)*

*Yes ☐ No ☐

_____ (legal signature of student)

Subscribed and sworn to before me this _____ day of _____, 20__, by

_____ (printed name of student)

Notary Public (Signature)

Do you currently have an order or determination by a court or other governmental body which finds you to be a) a mentally ill and dangerous person, b) mentally incompetent to stand trial, c) acquitted of criminal charges because of insanity, d) an incapacitated person in need of a guardian, or e) unable to manage your property due to mental illness, mental deficiency, chronic use of drugs or chronic intoxication, or are you a current inpatient or resident in a mental health facility due to a determination by a qualified mental health professional. *(Check one)*

*Yes ☐ No ☐

_____ (legal signature of student)

Subscribed and sworn to before me this _____ day of _____, 20__, by

_____ (printed name of student)

Notary Public (Signature)

**If yes, you cannot be allowed to pursue any coursework and/or field experience for a teaching license. Please see the Certification Officer in The Education Department if you have questions regarding either of these professional conduct statements.*

Statement of Understanding

If I am admitted to the Teacher Education Program, I understand that if anything changes regarding my mental/emotional capacity or criminal status, I will notify in writing the Certification Officer and my Education advisor within 10 days of that change.

Student's Signature: _____ Date: _____

“WHY I WANT TO TEACH” ESSAY

Please write a narrative essay (do not outline) indicating why you wish to enter the teaching profession in your chosen field. Be sure that your essay fits your objectives. For example, if you are applying for the Elementary Education Program, you would write on “Why I wish to enter the profession as an elementary education teacher.” Similar statements are required of secondary teachers who wish to enter the profession teaching English, history, biology, etc.

Please consider the following guidelines: The contents of this paper should the strengths you feel that you would bring to teaching, any previous experience working with children, and your concept of teaching. A screening committee will evaluate the following aspects of this essay: 1) relevance of your comments to your stated goals; and 2) quality of your communication skills.

Type "Why I Want to Teach" essay here:

EVIDENCE OF EXPERIENCES

WITH CHILDREN AND/OR ADOLESCENTS

List your volunteer service and/or paid work experiences with children and/or adolescents. Identify the organizations and names of individuals who supervised you or to whom you were responsible. Document experiences such as tutoring, coaching, teaching, and supervising individuals or groups of children by providing the additional information requested below.

Dates	Location/Organization	Supervisor's Name and Title	Brief Description	Total Hours

Total Hours: _____

SELF-RATING SCALE*		Consistently	Frequently	Occasionally	Rarely	Never
NEXT TO EACH STATEMENT BELOW, PLACE AN X UNDER THE COLUMN THAT BEST DESCRIBES YOUR ACTIONS OR BELIEFS:						
1.	I strive for excellence in everything I do and say.					
2.	I engage in ongoing reflections of my words and actions.					
3.	I assume responsibility for tasks I am assigned or promises I make.					
4.	I maintain a positive, “can do” attitude.					
5.	I am comfortable learning and using new technology.					
6.	I accept, reflect on, and act upon constructive feedback from others.					
7.	I gather, analyze, and synthesize information to solve problems or create something new.					
8.	I aim to be confident in my abilities.					
9.	I strive to behave in a fair and ethical manner.					
10.	I am flexible.					
11.	I seek to be an optimistic, resilient person.					
12.	I collaborate with others to complete common goals.					
13.	I communicate my feelings and ideas clearly and in a respectful manner.					
14.	I research or ask questions when I do not understand or want to know information.					
15.	I seek to participate in learning communities.					
16.	I demonstrate compassion toward others.					
17.	I advocate for fairness and social justice on behalf of myself and others.					
18.	I am punctual, meet deadlines, and otherwise demonstrate respect time.					
19.	I recognize that some issues are complicated and may present ethical challenges.					
20.	I seek to understand and respect individuals from diverse cultures.					

RECOMMENDATION FORM

For Admission to The Education Department

I understand that this completed recommendation will be used only for admission purposes, and I hereby waive my right to access this recommendation.

Applicant's Name _____

Applicant's Address _____

Date _____ Program: Elementary ☐ Secondary ☐

Applicant's Signature _____

This form must be completed by a Creighton University professor outside of the Education Department.

	Not Satisfactory	Below Average	Average	Above Average	Excellent	Not Observed
Knowledge and Skills						
Retention of Information						
Ability to apply, generalize, extend information						
Creativity and originality						
Dispositions						
<i>Cura personalis</i> - care of the whole Person						
Initiative, self reliance						
Emotional stability						
Reflective decision making						
Makes informed decisions						
Moral qualities, use of ethical standards						
Service and Social Justice Participation						
Understands the needs of others						
Open to serving others						

TO THE EVALUATOR: Please attach to this form any additional comments you wish to make about this candidate.

The applicant is:

- ☐ recommended highly for admission.
- ☐ recommended.
- ☐ recommended with reservations.
- ☐ not recommended.

Signature _____ Date _____

Printed Name and Title _____

Email Address _____ Phone Number _____

Return to: Education Department, Eppley Building, Room 450

Fax: 402.280.1117

Email: education@creighton.edu