Application for Admission to the Professional Education Program
Graduate Initial Teacher Licensure Program
Academic Advising Office—AH 117
Application Deadlines: Third Fridays of October and March

Applicant’s Name ___________________________________________  Tech ID Number __________________________

Address ___________________________________________  City ___________  State ___________  Zip Code ___________

(_________)(____________________)______________________  MSU Email Address __________________________

Advisor ___________________________________________  Telephone: _______________________

Bulletin/Catalog followed: __________________________
(transcript first term of MSU enrollment)

Licensure Level:

Secondary
Please indicate field

☐ 5-12 ______________________

☐ K-12 ______________________

Special Education

☐ EBD

☐ LD

Return your complete application packet to the Academic Advising Office (AH 117) by application deadline date: insert this completed form, together with evidence of the Praxis I test, if the Academic Advising Office has not received your Praxis I test scores already, into an application booklet, available at the Academic Advising Office—AH 117.

Student Data:
You are not legally required to provide the information in the student data section. Information from this section will be used for advising, record keeping, reporting to accrediting agencies, monitoring your progress, and preparation of summary characteristics of teacher education students.

Gender:  Race/Ethnicity:

☐ Male  ☐ Nonresident alien (international)  ☐ Hispanic

☐ Female  ☐ Black, non-Hispanic  ☐ White, non-Hispanic

☐ American Indian or Alaskan Native  ☐ Other __________________

Asian or Pacific Islander

Year of Birth: ___________