Minnesota State University, Mankato

Application for Admission to the Professional Education 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 ___________________________

Licensure Level:

- Early Childhood
  - □ Birth—Grade 3

- Elementary
  - □ Pre-primary Specialty
  - □ Middle Level Specialty
  - Area: ______________

- Secondary/K-12 Specialists
  - Please indicate field
  - □ 5-12 ______________
  - □ K-12 ______________

Return your complete application packet to the Academic Advising Office (AH 117) by application deadline date: insert this completed form, together with an unofficial copy of your college transcript (transfer students include a Transfer Credit Evaluation form or DARS form), and 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: □ Male □ Female

Race/Ethnicity:

□ Hispanic □ White, non-Hispanic □ Other _____________

□ Nonresident alien (international) □ Black, non-Hispanic □ Asian or Pacific Islander

□ American Indian or Alaskan Native

Year of Birth: ____________