

Application for Admission

All application materials must be postmarked by April 15.

Directions: This application must be typed or printed in ink and signed in ink. Failure to provide accurate information will result in denial of admission to the Iowa Intern Teacher License Pathway. Additional pages may be attached, if needed.

Biographical Information:

Name: _____

Last

First

Middle

Title: ___ Mr ___ Miss ___ Mrs ___ Ms ___ Dr

Home Address _____

No., Street

City

State

Zip

Email Address _____

Best contact phone no.: _____

Licensure Area

Please check only one area in which you wish to seek Iowa licensure.

High Needs Area/s (grades 7-12 only):

_____ Mathematics

_____ Science

_____ Agriculture

_____ Family and Consumer Science

_____ Industrial Technology

_____ Music

_____ Foreign Language

Other Area/s (grades 7-12):

Comments:

List all regionally accredited colleges and universities where you have earned at least seven credit hours, starting with the most recent. Attach additional pages if necessary.

<i>Regionally Accredited College/University</i>	<i>City, State</i>	<i>Dates of Attendance</i>	<i>Degree & Date Award or # of Credits Earned</i>	<i>Major</i>	<i>Cumulative GPA</i>

What experience have you had working with/teaching youth during the past five years (e.g. substitute teaching, religious school teaching, coaching, day care center, etc.).

<i>Type of Experience</i>	<i>Where</i>	<i>Dates</i>	<i>Responsibilities</i>

Employment Experience

List all positions of employment, since receiving your BA, starting with the most recent. Attach additional pages if necessary.

<i>Employer, City, State</i>	<i>Dates of Employment</i>	<i>Job Title</i>	<i>Reason for Leaving</i>

Recommendation Letters: Provide three letters of recommendation, using the supplied form (see web page for link to form). At least one reference must be from a supervisor from your current position. The remaining two may be colleagues or supervisors from any previous or current position since receiving your BA.

Internship Contact: Do you currently have a school district interested in you for an internship position? If so, please describe the district and assignment:

Please provide contact information of the principal of the school:

Name: _____ Title: _____

Telephone no: _____ email: _____

Mailing address: _____

Supplemental Application Materials

Personal statement

Attach a one-page personal statement to your application form. Include your full name and your social security number at the top of the page. Your personal statement should address the following two questions:

- 1) Why do you want to become a teacher?
- 2) What strengths and skills will you bring to teaching?

Resume

Attach a current resume to your application form. Include your full name and your social security number at the top of the page. Your resume will give us a more accurate description of your experience, credentials, and readiness to become a teacher. You are not required or expected to have teaching experience prior to admissions to the ITILP.

Iowa law states that an applicant for teacher licensure shall be disqualified for any of the following reasons:

1. The applicant has been convicted of a felony.
2. The applicant has founded report of child abuse or sexual abuse of a child filed against him/her.
3. The applicant's application is fraudulent (you have not told the truth in your responses).
4. The applicant's license or certification from another state is suspended or revoked.

If further clarification of this law is needed, contact the Iowa Department of Education, 515-242-6506.

I know that I must complete the Department of Criminal Investigation background check prior to my first field experience. I know that I will not be able to register for the first course until this check is successfully completed.

Applicant's signature: _____

Directions: Read the statement below. Your signature reflects your understanding of those statements and also attests to the accuracy of your responses on this application.

I believe that I have the requisite qualities to become a successful teacher. Further, I understand that my progress and performance will be subject to evaluation by both the Program and the internship district in accordance with generally accepted practices in the Program.

Applicant's signature _____ Date _____

Keep a copy of this completed application form for your professional records.

Return the completed application to:

Iowa Teacher Intern Licensure Pathway
Coordinator
SEC 547
University of Northern Iowa
Cedar Falls, IA50613

**You will be notified in early May
if you will be invited for an interview to continue the admission process.**

Do NOT contact the ITILP Office for the status of your application.

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