

THE UNIVERSITY OF VIRGINIA'S  
COLLEGE at WISE

Teacher Education Program  
Application for Admission

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## The University of Virginia's College at Wise

**NOTE:** Admission to The University of Virginia's College at Wise does not guarantee admission to the Teacher Education Program (TEP). Students seeking a UVa-Wise recommendation for a certificate to teach must apply for admission to the TEP.

**GUIDELINES:** Students should apply for admission to the TEP upon completion of freshman year with a minimum cumulative GPA of 2.5.

**STEP 1:** Complete pages 2-3, ( you may print and hand-write information or enter information, then print). **THIS APPLICATION CANNOT BE SENT VIA EMAIL OR ONLINE. YOU MUST send paper application to: Linda Davidson, Darden Hall 138;**

**STEP 2:** Go to [www.ets.org](http://www.ets.org) and register to take the PPST during Fall semester of sophomore year. Students must submit passing scores of this test prior to the TEP interview;

**NOTE:** A score of 1100 on the SAT, taken after April 1, 1995, with at least 530 VERBAL and 530 MATHEMATICS or a score of 1000 on the SAT, taken PRIOR to April 1, 1995, with at least 450 VERBAL and 510 MATHEMATICS, tests may be used as a substitute for the PRAXIS I. SAT scores must be submitted to Linda Davidson.

**STEP 3:** Distribute recommendation letters to the appropriate persons, which include the following:

- Chairman of the academic department in the area of study appropriate for the teaching license sought;
- Vice Chancellor for Administration, Gary Juhan, Cantrell Hall
- Four instructors, two of whom must be full-time, on-campus, UVa-Wise faculty. Transfer students may request two recommendations from the previous college attended.

**STEP 5:** After the above requirements have been met, students must sign up for an interview with the Teacher Education Admissions Committee by contacting Linda Davidson, Darden Hall, 138. Students must have their TEP file complete at least two weeks prior to the date of interview. Students who fail to ensure completion of their TEP file may not be eligible for an interview and may be asked to reschedule for the following semester.

**ADDENDUM: NON-DEGREE STUDENTS(UVa-Wise & Transfer):**

Students seeking admission to the TEP must complete 12 hours in their major field (and not more than 18 hours) of 200 level courses taught by full-time UVa-Wise faculty. This must be completed in order to seek approval from the Department Chair.

**DEGREE-HOLDING TRANSFER STUDENTS:**

In addition to the above, students seeking to enter the TEP must present to the Director of Teacher Education, Dr. Jewell Askins, all transcripts from the degree-granting institution. This will become a part of your TEP application. These transcripts will be reviewed for approval by the Department from which you are seeking endorsement.

**Note:** Students are urged to consult the UVa-Wise catalog for a complete description of the TEP.

Students who do not meet all requirements of the State Approved Program at The University of Virginia's College at Wise including student teaching will fall under the guidelines of the Virginia Department of Education. This could mean that additional coursework may be required when seeking licensure.

Teacher Education Program

APPLICATION for ADMISSION PART I

\_\_\_\_\_ I wish to be considered for the Teacher Education Program and I meet the GPA requirement of 2.5.

NAME \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

FIRST MIDDLE LAST

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_

ON/OFF CAMPUS PHONE: \_\_\_\_\_

ON/OFF CAMPUS P.O. BOX \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Email: \_\_\_\_\_

STUDENT STATUS: \_\_\_\_\_ FRESHMAN \_\_\_\_\_ SOPHOMORE \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_ LICENSURE ONLY

ENDORSEMENT LEVEL: \_\_\_\_\_ Pre-K-6 \_\_\_\_\_ Pre-K-12 \_\_\_\_\_ 6-12 Major \_\_\_\_\_  
Concentration \_\_\_\_\_

\*Under which UVa-Wise catalog will you complete degree requirements? 20 \_\_\_\_\_ -20 \_\_\_\_\_

Degrees Received \_\_\_\_\_ Date Received \_\_\_\_\_

Are you transitioning from an occupation outside the field of education? \_\_\_\_\_ If so, what? \_\_\_\_\_

Expected graduation date: May 20 \_\_\_\_\_ August 20 \_\_\_\_\_ December 20 \_\_\_\_\_

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

College(s) Attended \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Degrees Received \_\_\_\_\_ Date Received \_\_\_\_\_

Have you had experience with children and/or adolescents? \_\_\_\_\_ If yes, number of years \_\_\_\_\_

- \_\_\_\_\_ Sunday School Teaching
- \_\_\_\_\_ Bible School Teaching
- \_\_\_\_\_ Club Work
- \_\_\_\_\_ Camping Experiences
- \_\_\_\_\_ Babysitting
- \_\_\_\_\_ Other

Identify the clubs and organizations in which you have participated in college. Please list offices held and number of years' participation:

\_\_\_\_\_  
\_\_\_\_\_

Are you now receiving treatment for a medical or emotional condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach a letter of explanation and a copy of the court proceedings.)



Teacher Education Program  
**APPLICATION for ADMISSION PART II**

**Name** \_\_\_\_\_

**PLEASE TYPE A PARAGRAPH (USING A SEPARATE SHEET OF PAPER) FOR EACH OF THE FOUR FOLLOWING SUBJECTS AND ATTACH IT TO THIS SHEET.**

- A. Statement of Education Goals**—Describe your interest in working with children, youth or adults in a professional setting. Why have you selected the particular program to which you have applied? How will the training you receive in the program assist you in achieving your personal and professional goals?
- B. Personal and Professional Experience**—Describe your current and past experiences working with children and youth. Please list those teaching extracurricular and/or service experiences you have had that you feel are relevant to the program for which you are applying (e.g. swimming instructor for handicapped children, camp counselor, Sunday School/Vacation Bible School, assistant teacher in a day care facility, etc.). Please indicate the duration of your experience (starting and ending dates) and describe the impact of these experiences.
- C. Statement of Strengths**—Please describe the personal qualities or skills you have which will be important to your professional role. What do you consider to have been your greatest accomplishment or most significant experience to date? How does this experience relate to the program area to which you are applying?
- D. Assessment of Own Ability to Perform**—Success in professional education courses depends upon scholarship, motivation and commitment to learning. Describe your commitment to continued learning and intellectual growth.

Teacher Education Program  
**LICENSURE SURVEY**

Did you take the SAT/ACT? \_\_\_\_\_YES \_\_\_\_\_NO  
 If so, what were your scores? \_\_\_\_\_SAT \_\_\_\_\_ACT

Did you transfer to UVA Wise from another college or university? \_\_\_\_\_YES \_\_\_\_\_NO

Did you participate in a Teacher Education Articulation Program at a community college? \_\_\_\_\_YES \_\_\_\_\_NO

Do you hold any degrees? \_\_\_\_\_YES \_\_\_\_\_NO If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

**TEACHING EXPERIENCE**

- \_\_\_\_\_None
- \_\_\_\_\_Previously worked as an aid or paraprofessional
- \_\_\_\_\_Currently working as an aid or paraprofessional
- \_\_\_\_\_Previously Taught
- \_\_\_\_\_Currently Teaching

**TEACHING-RELATED EXPERIENCES**

- \_\_\_\_\_None
- \_\_\_\_\_Day care teaching
- \_\_\_\_\_Sunday school teaching
- \_\_\_\_\_Camp or youth group
- \_\_\_\_\_Tutored
- \_\_\_\_\_Teacher Cadet Program
- \_\_\_\_\_Future Teachers of America
- \_\_\_\_\_Other: \_\_\_\_\_

**Early Field Experience**  
 List any and all required observation hours already completed.

Education Course	School	Grade Level

**POST-PROGRAM PLANS:**

Teach/work in a PK-12 School: \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_Undecided

Type of School: \_\_\_\_\_Public \_\_\_\_\_Private \_\_\_\_\_Religious \_\_\_\_\_Private non-religious  
 \_\_\_\_\_Undecided

Type of Community: \_\_\_\_\_Undecided \_\_\_\_\_Urban \_\_\_\_\_Rural \_\_\_\_\_Suburban

State: \_\_\_\_\_Virginia \_\_\_\_\_Other state \_\_\_\_\_Outside USA

Teach/work in a school close to home: \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_Undecided

**Willing to teach in:**

- High poverty school: \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_Undecided
- School with low student academic performance: \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_Undecided
- Inner city school: \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_Undecided

**Preferred Grade Level:**

- \_\_\_\_\_Elementary Education \_\_\_\_\_High School Education
- \_\_\_\_\_Middle School Education \_\_\_\_\_PK-12 Art, Vocal/Choral Music, Health & PE

Teacher Education Program  
**AUTHORIZATION FORM**

**TO:** All students seeking admission to the Teacher Education Program

**FROM:** G. Jewell Askins, Director of Teacher Education

**RE:** Authorization to Use Social Security Number

All schools and departments of education are required to report data on professional education licensure and endorsement students and program completers to the United States Department of Education and the Virginia Department of Education. Data from teachers, principals, and counselors are also kept in this database. These data are coded by individual Social Security Numbers. Moreover, we are required to use individual Social Security Numbers to access test scores and analysis provided to us from the Educational Testing Service that ultimately are used in the report to the US and VA Departments of Education. The program is dependent on these data for compliance with federal and state law. Consequently, your participation in our program is dependent upon your disclosure of your Social Security Number. You cannot receive a license or endorsement without disclosure of your Social Security Number.

Please know that all of our records are kept in a secure, locked facility. We use your Social Security Number only for our record-keeping requirements. All out-dated documents with your Social Security Number are shredded before disposal. This authorization remains in effect unless you notify us in writing of your wish to remove authorization.

Please indicate your willingness to disclose your Social Security Number for the purposes described above.

I hereby give authorization for The University of Virginia's College at Wise Division of Education to use my Social Security Number for the purposes explained in this memo.

Social Security Number: \_\_\_\_\_

---

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Department of Education

One College Avenue  
Wise, VA 24293

PHONE: (276) 328-0184  
FAX: (276) 376-4589

MEMORANDUM

**TO:** Gary Juhan  
Vice Chancellor for Administration

**FROM:** G. Jewell Askins, Director  
Teacher Education Program

**RE:** Recommendation for the Teacher Education Program

Mr./Mrs./Ms. \_\_\_\_\_ has applied for admission to the UVa-Wise Teacher Education Program. On the basis of your knowledge of the applicant's character or conduct, please check the appropriate statement below. Your comments will be appreciated.

\_\_\_\_\_ I recommend that the above-named student be considered for admission to the Teacher Education Program.

\_\_\_\_\_ I do not recommend that the above-named student be considered for admission to the Teacher Education Program.

Comments:

\_\_\_\_\_  
Signature, Vice Chancellor for Administration

\_\_\_\_\_  
Date

Please return this form to the Director of Teacher Education, Darden Hall 138.

THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Department of Education

One College Avenue  
Wise, VA 24293

PHONE: (276) 328-0184  
FAX: (276) 376-4589

MEMORANDUM

TO: Chair, Department of \_\_\_\_\_

FROM: G. Jewell Askins, Director  
Teacher Education Program

RE: Recommendation for the Teacher Education Program

Ms./Mrs./Mr. \_\_\_\_\_ has applied for admission to the UVa-Wise Teacher Education Program. One of the requirements for admission to the Teacher Education Program is the recommendation of the department which offers an approved program in the area of academic study appropriate for the specific teaching endorsement being sought by the applicant. Would you please review this applicant's performance in the academic studies offered by your department and check the appropriate statement below? Your comments will be appreciated.

\_\_\_\_\_ The Department recommends that the above-named student be considered for admission to the Teacher Education Program.

\_\_\_\_\_ The Department recommends that the above-named student be considered for admissions to the Teacher Education Program when she/he has completed the following requirements:

\_\_\_\_\_ The Department does not recommend that the above-named student be considered for admission to the Teacher Education Program at this time.

Students seeking admission to the Teacher Education Program must complete 12 hours of 200-level or above courses in their major taught by full-time UVa-Wise faculty before they seek the recommendation from the department chair.

COMMENTS:

\_\_\_\_\_  
Signature, Department Chair

\_\_\_\_\_  
Date

Please return this form to the Director of Teacher Education, Darden Hall 138.

THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Department of Education

One College Avenue  
Wise, VA 24293

PHONE: (276) 328-0184  
FAX: (276) 376-4589

RECOMMENDATION TO THE TEACHER EDUCATION PROGRAM AT  
THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Ms./Mrs./Mr. \_\_\_\_\_ has applied for admission to the Teacher Education Program. She/he plans to complete a program of study which will lead to the initial Virginia teaching certificate with an endorsement in \_\_\_\_\_. In order to be considered for admission, applicants must receive recommendations from college instructors who have observed and assessed the applicant's performance as a student.

Based on your observations of this applicant, would you please indicate the level of performance or achievement that she/he demonstrates in each of the areas listed below? Any additional comments you wish to make regarding this applicant's potential for becoming a successful, effective teacher would be appreciated.

	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>
KNOWLEDGE OF SUBJECT MATTER	_____	_____	_____
ENTHUSIASM FOR LEARNING	_____	_____	_____
ORAL COMMUNICATION SKILLS	_____	_____	_____
WRITTEN COMMUNICATION SKILLS	_____	_____	_____
COOPERATION WITH OTHERS	_____	_____	_____
LEADERSHIP SKILLS	_____	_____	_____

COMMENTS:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Name of College \_\_\_\_\_

Please return this form to the Director of Teacher Education, Darden Hall 138.

OPTIONAL: I agree that the recommendation I am requesting I am requesting will be held in confidence by the officials of The University of Virginia's College at Wise, and I hereby waive any rights I may have to examine it.

\_\_\_\_\_  
*Applicant's Signature*

THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Department of Education

One College Avenue  
Wise, VA 24293

PHONE: (276) 328-0184  
FAX: (276) 376-4589

RECOMMENDATION TO THE TEACHER EDUCATION PROGRAM AT  
THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Ms./Mrs./Mr. \_\_\_\_\_ has applied for admission to the Teacher Education Program. She/he plans to complete a program of study which will lead to the initial Virginia teaching certificate with an endorsement in \_\_\_\_\_. In order to be considered for admission, applicants must receive recommendations from college instructors who have observed and assessed the applicant's performance as a student.

Based on your observations of this applicant, would you please indicate the level of performance or achievement that she/he demonstrates in each of the areas listed below? Any additional comments you wish to make regarding this applicant's potential for becoming a successful, effective teacher would be appreciated.

	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>
KNOWLEDGE OF SUBJECT MATTER	_____	_____	_____
ENTHUSIASM FOR LEARNING	_____	_____	_____
ORAL COMMUNICATION SKILLS	_____	_____	_____
WRITTEN COMMUNICATION SKILLS	_____	_____	_____
COOPERATION WITH OTHERS	_____	_____	_____
LEADERSHIP SKILLS	_____	_____	_____

COMMENTS:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Name of College \_\_\_\_\_

Please return this form to the Director of Teacher Education, Darden Hall 138.

OPTIONAL: I agree that the recommendation I am requesting I am requesting will be held in confidence by the officials of The University of Virginia's College at Wise, and I hereby waive any rights I may have to examine it.

\_\_\_\_\_  
*Applicant's Signature*

THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Department of Education

One College Avenue  
Wise, VA 24293

PHONE: (276) 328-0184  
FAX: (276) 376-4589

RECOMMENDATION TO THE TEACHER EDUCATION PROGRAM AT  
THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Ms./Mrs./Mr. \_\_\_\_\_ has applied for admission to the Teacher Education Program. She/he plans to complete a program of study which will lead to the initial Virginia teaching certificate with an endorsement in \_\_\_\_\_. In order to be considered for admission, applicants must receive recommendations from college instructors who have observed and assessed the applicant's performance as a student.

Based on your observations of this applicant, would you please indicate the level of performance or achievement that she/he demonstrates in each of the areas listed below? Any additional comments you wish to make regarding this applicant's potential for becoming a successful, effective teacher would be appreciated.

	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>
KNOWLEDGE OF SUBJECT MATTER	_____	_____	_____
ENTHUSIASM FOR LEARNING	_____	_____	_____
ORAL COMMUNICATION SKILLS	_____	_____	_____
WRITTEN COMMUNICATION SKILLS	_____	_____	_____
COOPERATION WITH OTHERS	_____	_____	_____
LEADERSHIP SKILLS	_____	_____	_____

COMMENTS:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Name of College \_\_\_\_\_

Please return this form to the Director of Teacher Education, Darden Hall 138.

OPTIONAL: I agree that the recommendation I am requesting I am requesting will be held in confidence by the officials of The University of Virginia's College at Wise, and I hereby waive any rights I may have to examine it.

\_\_\_\_\_  
*Applicant's Signature*

THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Department of Education

One College Avenue  
Wise, VA 24293

PHONE: (276) 328-0184  
FAX: (276) 376-4589

RECOMMENDATION TO THE TEACHER EDUCATION PROGRAM AT  
THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

Ms./Mrs./Mr. \_\_\_\_\_ has applied for admission to the Teacher Education Program. She/he plans to complete a program of study which will lead to the initial Virginia teaching certificate with an endorsement in \_\_\_\_\_. In order to be considered for admission, applicants must receive recommendations from college instructors who have observed and assessed the applicant's performance as a student.

Based on your observations of this applicant, would you please indicate the level of performance or achievement that she/he demonstrates in each of the areas listed below? Any additional comments you wish to make regarding this applicant's potential for becoming a successful, effective teacher would be appreciated.

	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>
KNOWLEDGE OF SUBJECT MATTER	_____	_____	_____
ENTHUSIASM FOR LEARNING	_____	_____	_____
ORAL COMMUNICATION SKILLS	_____	_____	_____
WRITTEN COMMUNICATION SKILLS	_____	_____	_____
COOPERATION WITH OTHERS	_____	_____	_____
LEADERSHIP SKILLS	_____	_____	_____

COMMENTS:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Name of College \_\_\_\_\_

Please return this form to the Director of Teacher Education, Darden Hall 138.

OPTIONAL: I agree that the recommendation I am requesting I am requesting will be held in confidence by the officials of The University of Virginia's College at Wise, and I hereby waive any rights I may have to examine it.

\_\_\_\_\_  
*Applicant's Signature*

