

APPLICATION FOR ADMISSION

SIGNATURE VERIFICATION

(Must complete prior to the screening interview and forward to Advisor)

Campus: ☐ Beebe ☐ Jonesboro ☐ Mid-South ☐ Mt. Home **Select One:** ☐ Traditional ☐ Online

Applicant's Name (print or type) _____ ID# _____

Date of Birth _____ Last 4 of SS# _____ Gender _____ Race _____ Phone# _____

Campus email address: _____ Major: _____

Mailing Address _____
City State Zip

High School Graduated From _____
City State

Program Coordinator: _____ Program Coordinator Email: _____

ADMISSION

(This part is completed at the department screening interview.)

The State Board of Education enacts these Rules pursuant to its authority as set forth in Ark. Code Ann. §§ 6-17-410 and 6-17-414. A preservice teacher shall have cleared the Arkansas State, FBI, and Child Maltreatment Central registry background checks as provided under the DESE Rules Governing Background Checks. *I hereby affirm that I have never been convicted of a Disqualifying Offense.* (i.e. contained within an attached description.)

Applicant's Signature _____ Date _____

Recommendation of Department Screening Committee:

☐ **Approve** _____ (Date of Approval)

☐ **Deny - Does not meet admission criteria**

(If approved, send to the PEP Office for final review.)

Other Concerns: _____

Printed Names of Screening Committee _____

Signature by Department Chair _____ Date _____

Signature of Professional Education Program's Director _____

Date _____

For Professional Education Programs Office Use Only:

- | | |
|---|---|
| ☐ Online application | ☐ Approved background check |
| ☐ EDA | ☐ GPA 2.7 or higher |
| ☐ Ethics certificate | ☐ All required classes grade C or better |
| ☐ Technology survey | |