Application for Education Program

Name: _____
Please Print Legibly

Home Mailing Address:
_____
Street Number & Name

_____
City, State, Zip Code

OWU E-Mail: _____

Advisor's Name: _____

Advisor's Building: _____

Student Id#:_____

HWCC Box #:
_____

Birth date:
_____/_____/_____

Social Security Number:
_____/_____/_____

Cell # _____

Anticipated Licensure (check below)

- ☐ Elementary Education (Grades PK-5 license)
- ☐ Inclusive Elementary Education (Elementary Educ. Grades PK-5 license + Special Education PK-5 license)
- ☐ Middle Childhood (Grades 4-9 license)
  Choose two Areas of Concentration:
  - ☐ Reading and Language Arts
  - ☐ Mathematics
  - ☐ Science
  - ☐ Social Studies
- ☐ Special Education (Grades K-12 Intervention Specialist License)
- ☐ Adolescence to Young Adult (AYA) Licensure Programs
  - ☐ English for Educators (Grades 7-12) AYA Integrated Language Arts
  - ☐ Adolescence to Young Adult (Grades 7-12) Integrated Mathematics
  - ☐ History for Teachers (Grades 7-12) Integrated Social Studies
  - ☐ Integrated Science for Teachers (Grades 7-12) AYA Integrated Sciences
- ☐ Multi-age Licensure Programs
  - ☐ Multi-age (Grades PK-12) Drama/Theater License
  - ☐ Multi-age (Grades PK-12) French License
  - ☐ Multi-age (Grades PK-12) Spanish License
  - ☐ Multi-age (Grades PK-12) Music License
  - ☐ Multi-age (Grades PK-12) Visual Arts License

First Semester/Year at Ohio Wesleyan University:
_____

Semester/Year of Expected Graduation:
_____

EDUC 110/105 Professor's Name:
_____

EDUC 251 Professor's Name:
_____

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Waiver of Access
to Letters of Recommendation

The Family Educational Rights and Privacy Act (FERPA) of 1974 provide enrolled students with the right to view the contents of their files. Because FERPA gives these rights, you are being asked to sign a **voluntary** waiver of access to the letters of recommendation written on your behalf.

You must provide names and contact information for at least two OWU faculty members who would be willing to provide a reference for you. These faculty members must be able to comment on your performance in the classroom. *Do not include faculty members from the Education Department. It is your responsibility to contact the professors you list and ask them whether they would be willing to complete a recommendation on your behalf. If you need to update your list, please contact the Academic Assistant for the Education Department.

Name * Do not include Education Department faculty.	Department	E-mail Address	Course taken or other connection with the professor

By signing below, **I voluntarily agree** to waive my rights to access and examine, now or at any time in the future, the letters of recommendation (or copies) written by the recommenders named above.

_____

Student's Signature **Date**

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