

Ohio Wesleyan University

Application to Teacher Education Program

Name: _____

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 (mm/dd/yyyy): _____

Social Security Number (xxx-xx-xxxx) _____

Cell # (xxx) xxx-xxxx _____

Anticipated Graduation Year: _____

Anticipated Licensure (check below)

Elementary Education (Grades PK-5 license)

Inclusive Elementary Education (Elementary Educ. 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

Integrated Mathematics (Grades 7-12)

History for Teachers (Grades 7-12) AYA 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

Ohio Wesleyan University

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 (typing electronic signature) 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 recommender's named above.

Student's electronic Signature and Date