



NC TEACH
APPLICATION

COLLEGE OF EDUCATION
Fall 2009
Online Application
For Individuals Not Currently Teaching

Return Application and Transcripts
By June 1, 2009
To: Office of Alternative Licensure
108 Speight Bldg.
College of Education
East Carolina University
Greenville, NC 27858-4353
Fax: 252-328-0105

PROJECT ACT/NCTEACH APPLICATION

(Please complete all parts of this application using the forms provided)

Section 1: Personal Data Sheet

(Please Print)

Social Security Number: _____-____-_____ Date of Birth: ____/____/____

Last Name _____ First _____ Middle _____

Former Name(s): _____

Home Address: _____ Business Address: _____

Home Phone: () _____-_____ Business Phone: () _____-_____

Emergency Contact: _____ Phone: () _____-_____

Email Address: _____ Sex: [] Male [] Female

Ethnic Origin: [] Asian [] Black [] White [] Hispanic [] Native American [] Other

Citizenship: [] US Citizen [] Non-US Citizen (Name country of citizenship) _____

Residency: [] NC Resident (Name county of residence) _____

[] Non-NC Resident (Name state of residence) _____

Section 2: Area of Interest – Must have 24 semester hours in an area

**Check no more than 2 Areas*

Science Education _____ Middle _____ High School _____ Health Education _____

Mathematics _____ Middle _____ High School _____ Fine Arts: _____

English Education _____ Middle _____ High School _____ Music _____

Social Studies _____ Middle _____ High School _____ Art _____

Business Education _____ Dance _____

Foreign Languages _____ Theatre _____

Family & Consumer Science _____ Spanish _____

Other _____

All areas require appropriate background

First Name _____ Last Name _____

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Section 3: Academic History

List all colleges and universities where you have attended, starting with the most recent. Attach additional pages if necessary.

<u>UNIVERSITY</u>	<u>DATES ATTENDED</u>	<u>DEGREE & DATE OBTAINED</u>	<u>MAJOR</u>	<u>GPA</u>
_____	-_____	_____	_____	_____
_____	-_____	_____	_____	_____
_____	-_____	_____	_____	_____
_____	-_____	_____	_____	_____

Section 4: Work/Military Experience

List below your position and responsibilities of employment and/or military. Start with most recent or current position. **You must complete this section, although you are encouraged to attach a resume as well.** Attach additional pages if necessary.

Employer _____ City, State _____

Position _____ Date Started ____/____ Date Ended ____/____ Avg. hrs./wk. ____

Responsibilities _____

Employer _____ City, State _____

Position _____ Date Started ____/____ Date Ended ____/____ Avg. hrs./wk. ____

Responsibilities _____

Employer _____ City, State _____

Position _____ Date Started ____/____ Date Ended ____/____ Avg. hrs./wk. ____

Responsibilities _____

Employer _____ City, State _____

Position _____ Date Started ____/____ Date Ended ____/____ Avg. hrs./wk. ____

Responsibilities _____

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Section 6: Supplemental Application Materials

Write an essay discussing **one** of the following topics. Do not write a summary of issues or a detailed term paper. Instead, express your personal feelings and ideas. There are no right or wrong answers or positions. Please use this form for your essay. Try to limit your essay to this page only. Be sure to indicate which question you are addressing.

1. How can success or failure in your future classroom affect societal issues as they relate to rural communities.
2. What is the role of race, culture, class and gender in the classroom? Please write about your future classroom and it's relation to rural communities?
3. How would you improve schools in rural communities?

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Section 7: Honor Statement

Your application cannot be processed unless this section is completed.

Teacher education is committed to the integrity of the prospective teachers whom they admit to teacher education, and recommend for a license to teach. Prospective teachers must be appropriate role models for the students they will teach. Therefore, any major violation of the student code of conduct including, but not limited to major violations of the rules relating to academic integrity, specified in Part II.S of the student code or any violations of similar rules at other institutions will result in denial of admissions to teacher education. If any such major violation occurs following admission to teacher education, licensing authorities will be notified and the Director of Teacher Education will recommend that the offender be expelled from the University in accordance with university procedures. By signing below, you acknowledge your understanding of the consequences of violations of the rules described herein and authorize the release to the Office of Teacher Education any and all official records maintained by East Carolina University and waive any requirement that you be furnished a copy of those records prior to or concurrent with their release.

Student's Signature _____

In addition to the above, have you ever been convicted of a crime other than minor traffic violations?

[] Yes [] No

Have you ever had a certificate or license revoked or suspended by any state or governing body?

[] Yes [] No

Have you ever been subjected to disciplinary action by a college or university?

[] Yes [] No

If the answer is yes to any of the above questions, please give an explanation on the back of this page.

I certify that the information I have provided in this application and the accompanying forms is true and complete. I understand that falsifying or withholding information in this application constitutes grounds for immediate withdrawal of my application from further consideration, or cancellation of admission or registration.

I understand that any application materials submitted to the program become property of the College of Education and will not be returned.

I understand that I am required to provide my Social Security Number so that the College of Education and host site institutions can fulfill their reporting obligations under Federal and State tax laws. In addition, unless I have marked out this sentence, I am voluntarily permitting the College of Education and host site institutions to use my Social Security Number for the program's internal record keeping and information management operations.

Applicant's Signature: _____ Date: _____

****Return application by March 31, 2008 to the Office of Alternative Licensure*
108 Speight Bldg., College of Education, ECU
Greenville, NC 27858-4353***

First Name _____ Last Name _____