Return Application and Transcripts
By May 1, 2006
To
Dr. Ann Bullock
243 Speight Bldg.
School of Education
East Carolina University
Greenville, NC 27834-4353
**ECU NC TEACH On Line 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: Teaching Position and Area of Interest:

Check one: ____ I currently Teach ____ I am seeking a teaching position (now or in the fall)

Teaching Position:
County _________ School ___________ Teaching Position __________________
Subject(s) Taught ________________________________

Area taught or interested in teaching (could check more than one area or level)
Science Education ______ Middle _____ High School
Mathematics ______ Middle _____ High School
English Education ______ Middle _____ High School
Social Studies ______ Middle _____ High School

Business Education ______

*All areas require appropriate background (24 hours in content area is deemed appropriate at a grade of C or greater for each credit)*
Section 3: Academic History
List all colleges and universities where you have attended, starting with the most recent. Attach additional pages if necessary.

<table>
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<tr>
<th>UNIVERSITY ATTENDED</th>
<th>DATES ATTENDED</th>
<th>DEGREE &amp; DATE OBTAINED</th>
<th>MAJOR</th>
<th>GPA</th>
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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 _______________________________________________________________________________
Section 5: Activities and Information
Use additional pages if necessary

Teaching-related experience: ______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Fellowships, scholarships, and academic honors: ___________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Foreign Languages: _______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Relevant technology skills: _________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Relevant experiences, skills, publications, and travel: _________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Experience with children or youth: _________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Awards, other: _________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Section 6: Current Licensure Status

Are you a current lateral entry teacher? [ ] Yes [ ] No

Are you a current emergency licensed teacher? [ ] Yes [ ] No

Local Education Agency (LEA) _____________________________________________________
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, you will be asked to provide documentation.

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: _______________________

First Name ___________________________ Last Name ______________________________