

APPLICATION FOR ADMISSION

SIGNATURE VERIFICATION

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

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

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

Campus email address: _____ Major: _____

Mailing Address _____

High School Graduated From _____ City _____ State _____

Applicant's Signature _____ Date: _____

Advisor _____ Advisor 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. §§ 6-11-105, 6-17-410, 6-17-411, 6-17-414, 6-17-421, 25-15-201 et seq., and Act 746 of 2017. A preservice teacher shall apply to the Identification Bureau of the Department of Arkansas State Police for a statewide and nationwide criminal records check, to be conducted by the Department of Arkansas State Police and the Federal Bureau of Investigation. *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 _____