**APPLICATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM  
Education Program Disclosure Form**

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| Last Name: | First Name: | Middle Initial: | Student ID Number: | |
| Mailing Address: | | Phone Number: | | Ranger Email Address: |

The information contained with this Education Program Disclosure Form must be submitted to the Institute of Professional Educator Development prior to program admission. The Teacher Education Program requires all program applicants to complete this form. Any false or misleading statements may result in denial of admission to the Teacher Education Program at UW-Parkside. If further information is necessary on any of the below questions, you will be contacted. In the event you are denied admission based on the results of this form, you have the right to appeal to the Teacher Education Program committee. For more information regarding the appeal procedure, or with any questions regarding this form, please call (262) 595-2180.

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| Yes  No | Have you ever been admitted to, then withdrawn from or asked to withdraw from or been dropped from a student teaching, residency, or other intern/practicum program? If yes, please explain: Click or tap here to enter text. |
| Yes  No | Has a teaching license been denied to you or revoked from you in any state in the United States? If yes, please explain: Click or tap here to enter text. |
| Yes  No | Have you ever been suspended, expelled, placed on probation, or otherwise disciplined by any college or university or from any program of a college or university? If yes, please explain: Click or tap here to enter text. |

**I affirm that all information provided above is true, correct, and complete. If any information proves to be incorrect or incomplete, I understand that I may be removed from the Teacher Education Program at UW-Parkside at the discretion of the Institute of Professional Educator Development.**

Signature: Date:

**I understand that the Teacher Education Program will periodically review my academic records, assessment information, conduct and competency records and any other pertinent records to determine my eligibility or continued eligibility for the Teacher Education Program.**

Signature: Date:

**Return completed form along with Application for Admission to the Educator Preparation Program to the Institute of Professional Educator Development, GRNQ L210, or by email to** [**teachereducation@uwp.edu**](mailto:teachereducation@uwp.edu)**.**