**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:  Student SS#: | |
| Mailing Address: | | Phone Number: | | Ranger Email Address: |

The information contained with this Education Program Disclosure Form is important information that MUST be kept up-to-date with the Institute of Professional Educator Development. The Teacher Education Program requires all applicants and enrolled candidates in programs leading to licensure or requiring clinical experiences to complete this form. Any false or misleading statements may result in denial of admission or continuation in the Teacher Education Program at UW-Parkside. After you have submitted this form, it is your responsibility to notify the program immediately if any of the reported responses to the following questions should change. Answering “yes” to a question does not constitute a denial to the program. If further information is necessary on any of the below questions, you will be contacted. You may be required to provide your consent to obtain further information. The program will determine whether to admit you or allow continued enrollment based on the following answers. In the event you are denied admission or continued progression 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 | 1. Have you ever been admitted to, then withdrawn from or asked to withdraw from or been dropped from a student teaching, residency, or other intern/practicum program? |
| Yes  No | 2. Has a teaching license been denied to you or revoked from you in any state in the United States? If yes, please explain: |
| Yes  No | 3. 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: |

**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: Type your name here. Date:

**I understand that the Teacher Education Program will share the conduct and competency results with school districts where I will be participating in clinical field experiences. I further understand that some districts may require additional criminal background investigations beyond what is provided through campus police. These additional requests may incur costs to the student.**

Signature: Type your name here. Date: