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**Admission Application**

**Master of Arts in Teaching Alternative Teacher Certification Program**

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| **Plan to enroll:  Summer I 20\_\_\_\_\_\_** | **Fall 20\_\_\_\_\_\_ Spring 20\_\_\_\_\_** |

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| --- |
| Personal Information |
| Name: (Last) (First) (MI) |
| Social Security #: Date of Birth*:* Gender: F M |
| Ethnicity (*Optional):*  White/Caucasian  Black/African American  Asian/Pacific Islander  Native American  Latino/Hispanic Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Address: |
| City: State: Zip: Country: |
| Current address valid until: |
| Permanent Address (If different from Current): |
| City: State: Zip: Country: |
| Home Telephone: Work Telephone:  Email Address: Cell Phone: |
| **Please indicate the degree and certification you wish to pursue:**  Elementary (Grades 1-5) Education Master’s Program  Secondary (Grades 6-12) Education Master’s Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Area  \_\_\_\_All Level (K-12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Area  \_\_\_\_Elementary Education: Inclusive (Grades 1-5)**\***  \_\_\_\_Secondary Education: Inclusive (Grades 6-12)**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Area  *\*Certification in**Special Education (Mild/Moderate Disabilities) AND Elementary Education or Secondary Education.* |
| Legal Information |
| Have you been convicted of any criminal offense? Yes No \_\_\_\_ If so, please give the date, nature, and disposition of the conviction:  Are there any current charges pending against you? Yes No \_\_\_\_ |
| Have you ever been dismissed from any position because of immoral or unprofessional conduct?  Yes No |
| If yes, please explain? |
| Are you a U.S. citizen or permanent resident with a green card? Yes No  *(Please note that if you marked “No” on this question, you are ineligible to apply.)* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Education**  (*Please list all colleges/ universities and trade schools from which you have a degree*)  **Please send a copy of an official transcript from each undergraduate institution you attended**  **and a ULM Graduate School Application to the ULM Graduate School Office.** | | | | | | | |
| InstitutionList most recent first | Location | | Dates Attended (*mm/yy)* | | **Degree Type** | **Major** | **G.P.A.** |
| **City** | **State** | **From** | **To** |
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**Please ensure you have submitted all necessary documents:**

Yes No A current resume including work experience, leadership roles, community

involvement, and past education/training.

Yes No A 500-1000 word cover letter. The cover letter should address why you want to

teach and how your previous experiences have prepared you to succeed in the

classroom.

\_\_ Yes \_\_Not yet Observation form & narrative of 20 hours of focused classroom observations;

observations must be in your area of interest. *(To document, use Log of Field Experiences Sheet)*

\_\_ Yes \_\_No A signed copy of the University of Louisiana at Monroe Inventory of Learning

Facilitator Dispositions. The Facilitator Dispositions document is an initial self-

assessment of expectations required for the completion of this program.

Yes No *MAT* Applicant Survey

Yes No Submitted your application for admission to ULM Graduate School, including

official transcripts from each undergraduate institution you attended.

\_\_Yes \_\_No ACT/SAT scores OR Praxis I Reading, Writing, and Math scores.

\_\_Yes \_\_No Praxis II Content Area exam(s) scores. If no, please indicate expected exam date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Yes \_\_No Graduate Record Exam scores. If no, please indicate expected exam date: \_\_\_\_\_\_\_\_\_

**I understand that my acceptance into the Master of Arts in Teaching Program is contingent on verification of all information submitted on this application.**

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**Applicant’s Signature** **Date**

**Please return completed application with the above mentioned documents to:**

*TEACH Project*

University of Louisiana at Monroe

700 University Avenue

Strauss Hall 260

Monroe, LA 71209

Rev. 10.24.2012

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#### Master of Arts in Teaching

#### Applicant Survey

***No information provided on the survey will influence your admission into the alternative certification program.***

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| **Plan to enroll:  Summer I**  **20\_\_\_\_\_\_** | **Fall**  **20\_\_\_\_\_\_** | **Spring**  **20\_\_\_\_\_\_** |

**Please select all areas you are interested in teaching.**

|  |  |  |  |
| --- | --- | --- | --- |
| O Elementary (Grades 1-5) | O Elementary Ed: Inclusive Grades 1-5  O Secondary Ed: Inclusive Grades 6-12 | O Secondary (Grades 6-12) | O All Level (K-12) \_\_\_\_\_\_\_\_\_\_\_  Subject Area |

**Did you attend an information session?** O Yes O No

**If yes, how helpful did you find it in terms of providing information about the program?**

O Very Helpful O Helpful O A little helpful O Not at all helpful

**If yes, how helpful did you find it in terms of encouraging you to apply**?

O Very Helpful Oh Helpful O A little helpful O Not at all helpful

**How did you first hear about the *MAT* alternative certification program? Please select the category and source. If you check “Other” for category or source, please elaborate in the space provided.**

|  |  |
| --- | --- |
| **Category** | Source |
| General Internet | O The University of Louisiana at Monroe website O *TEACH* website  O Monster.com O Search engine results O Other: (specify) |
| Newspaper/ Magazine Story | O NewsStar O Other: (specify) |
| Television News Story | O KNOE O KARD O KTVE O KAQY O Other: (specify) |
| Newspaper/ Magazine Ad | O NewsStar O Other: (specify) |
| Radio Ad/ Story | O KEDM O Other: (specify) |
| Flyer/ Brochure | Where did you see it? |
| Referral | O Friend/family O Current alternative certification teacher  O School District Personnel O Teacher/Principal  OULM faculty or staff O Other: (specify) |
| E-mail | O Mass e-mail O Organization email: (specify organization)  O Other: (specify) |
| Mail | O Organization Newsletter: (specify) O ULM alumni mailing  O Information Packet O Other: (specify) |
| Presentation at meeting | What organization? (please specify name and location) |
| Other | Source: |

Dear Applicant,

The attached Inventory of Learning Dispositions is a self-assessment tool. These dispositions guide our program in preparing effective, highly qualified teachers. Rate your skill level in all of the dispositions. Answer these statements from the perspective of you as a classroom teacher with the knowledge and training you have as of **today**. Your skill level will not be a deciding factor for admission into the *Master of Arts in Teaching* program. If you have questions about the Inventory of Learning Facilitator Dispositions, please call 318.342.3000

**ULM Learning Facilitator Dispositionswith Indicators**

**D1a. Prepares**: **Prepares thoroughly for all teaching and learning in terms of content knowledge, planning, organization, and efficient use of time.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D1b. Manages:** **Creates an environment that maximizes learning for all students through classroom organization, management of student behaviors, and motivation for learning.** | | | | | |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D2. Delivers Content:** **Displays the habits of effective communication interpersonally, orally, in writing, technology integration, and in delivery of accurate, in-depth content, to encourage students to become independent thinkers.** | | | | | |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D3. Enhances Learning:** **Facilitates continuous learning for all students through high expectations, effective teaching strategies, and utilization of technology**. | | | | | |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D4. Evaluates:** **Seeks continuous improvement for all students and for self, using the assess-reflect-adjust-instruct cycle.** | | | | | |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D5a. Accommodates:** **Nurtures the potential of all students through differentiated instructional strategies in an environment conducive to learning.** | | | | | |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D5b. Collaborates:** **Values the contributions of all stakeholders in the teaching/learning process and the communicative processes that can result in self- or student improvement.** | | | | | |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D6. Commits to Professionalism:** **Consistently demonstrates commitment and responsibility to model high professional, ethical, and performance standards in appearance, communication, and actions.** | | | | | |
|  | **1=Never** | 2 | 3 | 4 | **5=Always** |
| **D7. Please write any additional comments on the back of this paper.** | | | | | |
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Applicant Signature Date

TEACH Delta Region Alternative Teacher Certification Program

Log in Field Experiences

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time | School Site | Teacher | Subject | Grade | # of Students  Gender | | # of Students  Ethnicity | | | | Teacher Signature |
| M | F | W | B | H | A |
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TEACH Delta Region applicants are required to log 20 hours of classroom observations. Use this sheet to record data at each observation. A 400-word narrative reflecting on your classroom experiences must accompany this sheet as a part of your application. Reflections may include your thoughts on classroom management techniques, interactions between the teacher and students, the teaching itself, or any other aspect of being a classroom teacher. What did you learn from your observations? What surprised you most? What concerns do you have, if any, about having a classroom of your own? Tell us what you thought and felt.