APPLICATION FOR ADMISSION TO TEACHER EDUCATION
FAIRMONT STATE UNIVERSITY

S/S No. _____ Date_____

Birth Date _____

NAME _____

(Last) (First) (Middle)

Permanent Address _____ Phone _____

_____

Local Address _____ Phone _____

_____

FSU E-mail Address _____

My Program: Elementary ( ) Secondary ( ) PreK-Adult ( )

Areas of Specialization(s) (1)_____ (2) _____

Advisor _____

Are you a veteran of the United States Military? Yes_____ No_____

Are you interested in Troops to Teachers information? Yes_____ No_____

I understand that if I have been convicted of a felony I will not be formally accepted into Teacher Education. Furthermore, if I have been convicted of a drug offense, a crime of violence or domestic assault my application will be reviewed by the Selection Committee with the understanding that I may not be accepted into Teacher Education.

_____
Signature of Student