

**URBAN INSTITUTE FOR TEACHER EDUCATION**

1705 CAMPUS CENTER DRIVE, ROOM 114  
SALT LAKE CITY, UT 84112

**APPLICATION FOR ADMISSION TO SECONDARY LICENSURE PROGRAM  
with Master's Degree**

**SECTION 1: APPLICANT INFORMATION**

1. Name \_\_\_\_\_ 2. ID#: \_\_\_\_\_  
(Last) (First) (Middle)
3. Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Phone Numbers Preferred: \_\_\_\_\_ Other: \_\_\_\_\_ Cell Home Work
6. Email Address (case sensitive? Yes No) \_\_\_\_\_  
Please note: the UITE will use your email address for official correspondence.
7. What languages do you speak (besides English)? \_\_\_\_\_
8. Are you a legal resident of the State of Utah? Yes No

**SECTION 2: LICENSURE PROGRAM INFORMATION**

9. Teaching Major: \_\_\_\_\_ Teaching Minor: \_\_\_\_\_
10. Master's program you are applying to: (check one)  
Education, Culture, & Society M.Ed. World Language M.A. Other, specify: \_\_\_\_\_  
Educational Leadership & Policy M.Ed. Math for America M.S. \_\_\_\_\_
11. Are you currently admitted to the U of U? Yes No  
If yes, what is your current classification:  
First bachelor's degree Non-matriculated (non-degree seeking)  
Second bachelor's degree Graduate degree
12. What year do you intend to complete the licensure year of the program? \_\_\_\_\_
13. Have you previously applied for admission to any licensure program at the U of U or another institution?  
Yes No If yes, were you admitted? Yes No Year applied: \_\_\_\_\_  
Institution: \_\_\_\_\_ Program: \_\_\_\_\_
14. Do you now, or have you ever held a Utah teaching license?  
Yes No If yes, what type of license? \_\_\_\_\_  
What year was it granted? \_\_\_\_\_ Through which institution? \_\_\_\_\_

**SECTION 3: MASTER'S DEGREE INFORMATION**

15. Department you are applying to receive a master's degree from:  
Education, Culture, & Society Languages & Literature Other, specify: \_\_\_\_\_  
Educational Leadership & Policy Mathematics \_\_\_\_\_
16. Have you submitted application materials to that Department? Yes No
17. Have you been admitted into the master's program in that department yet?  
Yes No Notification still pending  
If yes, beginning which semester? \_\_\_\_\_

**SECTION 4: TESTING INFORMATION**

18. Report dates taken and scores received for the Praxis II Content Knowledge Tests:

Content: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_  
 Content: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_  
 Content: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5: EDUCATIONAL BACKGROUND**

19. List all colleges and/or universities currently and previously attended

College or University	Location	Dates of Attendance	Degree Held/Expected	Major	Minor

20. List any awards or honors you have received since graduation from high school:

21. Have you ever: been dismissed or otherwise terminated from any post-secondary educational institution or academic program; been convicted of a felony offense; had a professional license, certificate, degree or similar credential revoked, suspended, or restricted in any way?      Yes      No  
 If yes, please attach complete information regarding all details and circumstances of the incident(s).

**SECTION 6: EMPLOYMENT RECORD**

22. Are you currently employed?      Yes      No

List all RELEVANT job experience, beginning with the most recent.

Employer (Name & Address)	Employment Dates	Title	Duties

**SECTION 7: LETTERS OF RECOMMENDATION**

23. Give the names of the three (3) persons from whom you have requested letters of recommendation. Please provide one of each type of reference.

Name (First and Last)	Position	Organization & Address	Type of Reference
			Content Area Academic
			General Academic
			Working w/Youth

**SECTION 8: CRIMINAL BACKGROUND CHECK**

24. By legislative mandate, a university student who is placed in a public school setting and working directly with children must pass a background check, including fingerprinting. At the time of application to the program, each applicant must submit proof, in the form of a receipt, of completing the required background check and fingerprinting.

Date "Live Scan" fingerprinting process completed: \_\_\_\_\_

Fingerprints provided to the Criminal Investigations and Technical Services Division of the Department of Public Safety will be checked against applicable state, regional, and national criminal records files. The following criminal matters are included within the screening process:

1. convictions;
2. any matters involving an alleged sexual offense;
3. any matters involving an alleged felony or class A misdemeanor drug offense;
4. any matters involving an alleged "offense against the person" under Title 76, Chapter 5;
5. any matters involving a felony;
6. any matters involving a class A misdemeanor property offense alleged to have occurred within the previous 3 years; and
7. any matters involving any other type of criminal offense, if more than one occurrence of the same type of offense is alleged to have taken place within the previous eight years.

Should the background check uncover any of these matters, your eligibility to complete the program and be recommended for a teaching license will be in jeopardy.

**25. I understand the purposes and implications of the criminal background check. I am neither confessing nor denying involvement in any of the matters listed above and I am not professing my innocence or guilt. I recognize that I am being subjected to a background check and acknowledge that those findings may prevent me from being admitted to the program and from obtaining a teaching license in the state of Utah.**

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 9: AFFIRMATION OF APPLICATION ACCURACY**

26. I understand that all materials submitted to the Urban Institute for Teacher Education becomes property of the Institute and will not be returned to me or released to any other party. I understand that an incomplete file may not be reviewed by the Admissions Committee. I hereby certify that the information contained in this application and supporting documents is true and accurately discloses all matters requested. I understand that any omissions, misrepresentations, or inaccuracies in this application constitute cause for denial of my admission to and subsequent matriculation in the Urban Institute for Teacher Education.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

OPTIONAL: The following information is used for federal reporting purposes only and is not required. Failure to provide this information will have no adverse effect on your potential for admission.

<b>Gender</b> Female Male
<b>Veteran Status</b> Vietnam Era Veteran Vietnam Era Special Disabled Veteran Special Disabled Other Veteran Other Veteran
<b>U.S. Citizen</b> Yes No If no, type of VISA: _____

<b>Date of Birth</b> _____ <i>(month, day, year)</i>
<b>Ethnic Origin</b> American Indian or Native Alaskan Asian Black or African American Hispanic or Latino Native Hawaiian or other Pacific Islander White Race not included above Please specify: _____