APPLICATION FOR ADMISSION TO TEACHER EDUCATION UNIVERSITY OF MOBILE SCHOOL OF EDUCATION (Blue Form)

Name:		Student I.D. #:	Date:
Mailing Address	c		Phone:
		Street or P.O. Box	
			curity Number:
City	State	Zip	
Email:		Adviser:	DOB:
		Circle Desired Ma	ijor:
Early Childhood (P-3)		Elementary (K-6)	Collaborative Special Education (K-6)
	Music Ed.	(P-12) Circle ONE: Vocal	Choral OR Instrumental
Physical Education (P-12)		Health (6-1	2) and Physical Education (P-12)
Secondary (6-12) Teaching Fiel	d:	
	ATTA	CH an unofficial transcript	(print from MyUM)
	I understand th	nat it is my responsibility to r	neet the criteria listed below:
			rofessional Studies, in Teaching Field, and
		(this includes all college courses); and impleted prior to the interview (required in TE 305 or TE 306); and	
			our essay (required in TE 305 or 306); and
			Knowledge Test for ECE or ELEM or
			Required in TE 305 - there is a course fee for
this test)	; and		-
 Fingerprint Clearance (https://www.aps.gemalto.com/al/index-adeNew.htm) from the Alabama 			
		ucation provider (required in	TE 201) (there is a fee for the fingerprint
clearanc		ONT V 16 Fig	
	Physical Education Majors <u>ONLY</u> – 1 st Fitness Assessment must be completed before admission to Teacher Education (schedule a time with your adviser).		
to Teach	ier Education (s	chedule a time with your adv	iser).
			and that I will be required to drop those classe in by the first day of classes.
Student Signature:			
			to enrolling in restricted education courses. Returnions, please email Dr. Reeves at

this form to the School of Education Office. If you have any questions, please email Dr. Reeves at kreeves@umobile.edu.