



Admission Application

Alternative Teacher Certification Program

Plan to Enroll: Summer I 20_____

G#_____

APPLICANT INFORMATION										
Last Name				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Date of Birth				Social Security No.				Gender	<input type="checkbox"/> F	<input type="checkbox"/> M
Ethnicity (Optional)	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian /Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you been dismissed from any position because of immoral or unprofessional conduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
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 Grambling Graduate School Application to the Grambling Graduate School Office.										
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
PLEASE INDICATE THE DEGREE AND CERTIFICATION YOU WISH TO PURSUE:										
_____ Elementary Education: Inclusive (Grades 1-5)*										
_____ Secondary Education: Inclusive (Grades 6-12)*				Subject Area:						
*Certification in Special Education (Mild/Moderate Disabilities) AND Elementary or Secondary Education										

I UNDERSTAND THAT MY ACCEPTANCE INTO THE ALTERNATIVE TEACHER CERTIFICATION PROGRAM IS CONTINGENT ON VERIFICATION OF ALL INFORMATION SUBMITTED ON AND WITH THIS APPLICATION. PLEASE RETURN COMPLETED APPLICATION AND APPROPRIATE DOCUMENTS (SEE CHECKLIST). ONLY COMPLETED APPLICATION PACKETS WILL BE EVALUATED FOR ADMISSION.

Signature	Date

**GRAMBLING STATE UNIVERSITY
ATCP
EDUCATIONAL LEADERSHIP
P.O. BOX 4305
GRAMBLING, LA 71245**

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