MONTANA STATE UNIVERSITY NORTHERN

DEPARTMENT OF EDUCATION

Date Received: _____

Received By: _____

Application to Teacher Education Programs

Level One Admission to Elementary Education

As evidence of my preparation for admission, I have met with my advisor and received approval to submit the following documents:

☐ At the conclusion of this semester, I will have completed all General Education courses with a grade of "C" or better *(pass/fail grades are not accepted)*, and a minimum of 54 semester credits of course work.

My cumulative General Ed grade point average *(GPA)* with grades of 3.0 ("B") or better in **all** Major and Minor coursework is_____. (Ed Administrative Associate will run Gen Ed GPA Leave blank)

My Current Campus/Location is_____.

I am presenting the following packet documentation:

_____Teacher Education Programs-Pedagogy Reference Form-Level I *(in packet)* ***Filled out by any instructor***
_____Teacher Education Programs-Diversity Reference Form-Level I *(in packet)* ***Filled out by supervisor or volunteer coordinator or Athletic Coach***
_____Proof of current Professional Liability Insurance *(renewed each year of level I attendance)* **or** completed MFPE membership application with check for $25.00 made out to MFPE for the appropriate school year *(in packet)*

_____Level I Disposition Form *(in packet)* ***Must be filled out by instructor who teaches one of the classes listed on form***
_____Release of information form *(in packet)*
_____Complete Criminal History Background Request and Fingerprint Card packet *(in separate packet)*
_____ *General Education GPA 3.0 (If General Education GPA is below 3.0 the student can petition The Admission & Retention Committee to use Gen Ed GPA)*

☐ Elementary Education Minor – **OR** ☐ Concentration Areas: _____

Do Not Print on both side of paper!

Signatures

Applicant's Signature	Applicant's Banner ID Number	Date
Applicant's Name	Applicant's Address	
Applicant's E-mail	Applicant's Phone Number	
MSU-Northern Advisor's Signature	MSU-Northern Advisor's Name	Date

Applicant's Name | Applicant's Student ID number

- for Admissions and Retention Committee use only -

The Admissions and Retention Committee has met and carefully considered the applicant's admission packet. The following admission decision was made:

☐ No Action Taken.

☐ Do NOT recommend Admission to Level One.

☐ Recommend - **Provisional Admission** to Level One Teacher Education for _____ Semester, 20_____.

☐ Recommend - Full Admission to Level One Teacher Education for _____ Semester, 20_____.

Plan for remediation:_____

_____

_____

_____

_____

_____

_____

Admissions and Retention Committee Signatures

Member's Signature	Member's Name (Printed)	Date
Member's Signature	Member's Name (Printed)	Date
Member's Signature	Member's Name (Printed)	Date
Member's Signature	Member's Name (Printed)	Date
Member's Signature	Member's Name (Printed)	Date
Member's Signature	Member's Name (Printed)	Date
Member's Signature	Member's Name (Printed)	Date
Member's Signature	Member's Name (Printed)	Date

MONTANA STATE UNIVERSITY
NORTHERN
DEPARTMENT OF EDUCATION

Teacher Education Programs – Pedagogy Reference Form- Level 1

Directions for the Applicant: *The permission statement below must be signed for each reference you submit to your application file. Please complete the section below before you give the form to your reference. This form must be given to a professor or an instructor of your choice that you have had for a class.*

Applicant's Permission for Release of Information

I give permission for the designated person below to provide the information requested in this form to Montana State University-Northern, Department of Education. I understand that the information will become part of my application for the Teacher Education Program.

_____	_____	_____
Applicant's Signature	Date	Applicant's Name

Reference Information

Directions to the Person Who Completes this Form: *Each applicant for admission to the Teacher Education Program is required to have this form completed and submitted by a professor or an instructor that the applicant has had for a class. The applicant should have signed the reference permission statement above. Please complete all the items to the best of your knowledge.*
For the purpose of this form pedagogy is defined as: the art and science of teaching.

Reference's Name: _____

Section A: Compared with peers in the same major/job assignment, the applicant ranks *(please check)*:

1- Unacceptable 2 – Developing 3 – Acceptable 4 - Proficient

1	2	3	4	
☐	☐	☐	☐	Demonstrates positive professional ethics and dispositions
☐	☐	☐	☐	Shows interest in and passion about teaching, learning objectives, assessments, and instructional activities
☐	☐	☐	☐	Uses personal and professional feedback to become a "reflective practitioner"
☐	☐	☐	☐	Displays appropriate "content knowledge"
☐	☐	☐	☐	Models effective verbal and non-verbal communication to establish community as well as cultural awareness and involvement
☐	☐	☐	☐	Applies "theory-into-practice" for students with diverse needs via current and appropriate standards
☐	☐	☐	☐	Exhibits interest and uses technologies as teaching resources
☐	☐	☐	☐	Commits to ongoing life-long learning and professional development.

Rating	1-Unacceptable 8-12	2-Developing 13-20	3-Acceptable 21-28	4-Proficient 29-32	**Score** _____

Comments/Concerns: _____
_____

Signature

Signature	Name (printed)	Title	Date

Organization	Address	Phone or Email

Please return the completed form to: MSU-Northern - Department of Education, P.O. Box 7751, Havre, MT 59501.

MONTANA STATE UNIVERSITY
NORTHERN
DEPARTMENT OF EDUCATION

Teacher Education Programs – Diversity Reference Form- Level 1

Directions for the Applicant: *The permission statement below must be signed for each reference you submit to your application file. Please complete the section below before you give the form to your reference. This form must be given to a professional of your choice that observed you working with people from diverse backgrounds.*

Applicant's Permission for Release of Information

I give permission for the designated person below to provide the information requested in this form to Montana State University-Northern, Department of Education. I understand that the information will become part of my application for the Teacher Education Program.

_____	_____	_____
Applicant's Signature	Date	Applicant's Name

Reference Information

Directions to the Person Who Completes this Form: *Each applicant for admission to the Teacher Education Program is required to have this form completed and submitted by employers/administrators/supervisors and/or professors. The applicant should have signed the reference permission statement above. Please complete all the items to the best of your knowledge.*
For the purpose of this form diversity is defined as: including, but not limited to, cultural and individual differences, gender, ethnicity, low social-economic background, and students with special needs.

Reference's Name: _____

Section A: Compared with peers in the same major/job assignment, the applicant ranks *(please check)*:

1- Unacceptable 2 – Developing 3 – Acceptable 4 - Proficient

1 2 3 4
☐ ☐ ☐ ☐ Appreciates multiple perspectives
☐ ☐ ☐ ☐ Works cooperatively with people from diverse backgrounds
☐ ☐ ☐ ☐ Embraces individual differences
☐ ☐ ☐ ☐ Respects diverse talents
☐ ☐ ☐ ☐ Communicates effectively with people from diverse backgrounds
☐ ☐ ☐ ☐ Appropriately uses technology to address the diverse needs of people
☐ ☐ ☐ ☐ Uses reflection/ self-awareness to improve relations with people from diverse backgrounds
☐ ☐ ☐ ☐ Initiates and maintains community cultural awareness and involvement

Rating	1-Unacceptable 8-12	2-Developing 13-20	3-Acceptable 21-28	4-Proficient 29-32	**Score** _____

Comments/Concerns: _____
_____

Signature

Signature	Name (printed)	Title	Date

Organization	Address	Phone or Email

Please return the completed form to: MSU-Northern - Department of Education, P.O. Box 7751, Havre, MT 59501

MONTANA STATE UNIVERSITY NORTHERN

DEPARTMENT OF EDUCATION

Level I Disposition Form

Directions for the Applicant: *The permission statement below must be signed for each reference you submit to your application file. Please complete this section before you give the form to your reference.*

Reference's Name: _____

Applicant's Permission for Release of Information

I give permission for the designated person above to provide the information requested in this form to Montana State University-Northern, Department of Education. I understand that the information will become part of my application for the Teacher Education Program.

_____ _____

Applicant's Signature Applicant's Name (printed) Date

Reference Information

Directions to the Person Who Completes this Form: *Each applicant for admission to Level I of the Teacher Education Program is required to have this form completed and submitted by a professor or an instructor of one of the following courses: HV Campus: EDU 201, EDU 225, HTH 110, EDU /270, M 130, or PSYX 230. GF Campus: EDU 200. EDU 221, HTH 201, M 135, and PSYX230. The applicant should have signed the reference permission statement above. Please complete all the items to the best of your knowledge.*

Section A: Compared with peers in the same major assignment, the applicant ranks *(please check)*:

1 2 3 4

☐ ☐ ☐ ☐ Attends class regularly
☐ ☐ ☐ ☐ Meets timelines/deadlines
☐ ☐ ☐ ☐ Displays capacity for objective self evaluation
☐ ☐ ☐ ☐ Views errors as opportunity for learning
☐ ☐ ☐ ☐ Shows respect for others in class
☐ ☐ ☐ ☐ Listens thoughtfully and responsively to others

1 2 3 4

☐ ☐ ☐ ☐ Energy level
☐ ☐ ☐ ☐ Cooperative
☐ ☐ ☐ ☐ Reliable
☐ ☐ ☐ ☐ Leadership

Ability to express thoughts:

☐ ☐ ☐ ☐ in speaking
☐ ☐ ☐ ☐ in writing
☐ ☐ ☐ ☐ in critical thinking

Rating	1-Unacceptable 13-25	2-Developing 26-38	3-Acceptable 39-45	4-Proficient 46-52	**Score** _____

Comments/Concerns: _____

_____

_____

Signature

Signature	Name (printed)	Title	Date

Organization	Address	Phone or Email

Please return the completed form to:

MSU-Northern - Department of Education, P.O. Box 7751, Havre, MT 59501.

MONTANA STATE UNIVERSITY NORTHERN

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Release of Information Form

As a Field Practicum Candidate, I, _____, authorize the release of all pertinent information to any potential or established field placement site (Districts or Schools and their respective personnel). The information released may be written or verbal, and may include, but is not limited to, my contact information (address, phone, email), academic performance (transcripts), Professional Resume, Philosophy of Education, or other information as requested by the placement site.

Signatures

This document is effective until revoked in writing by me.

Candidate's Full Address	City, State, Zip Code	Birth Date
Candidate's Email Address	Candidate's Telephone Number	Banner ID#

<u>Your signature must be notarized</u>.

(*Sign in front of a Notary Public*) _____
Candidate's Signature

_____
Date

State of _____

County of _____

Signed and acknowledged before me on the_____day of _____, 20_____ by _____.

_____
(Signature of Notary)

_____
(Name – typed, stamped, or printed)

Notary Public for the State of_____

Residing at_____

(SEAL)

My Commission Expires_____

For the MFPE Lability insurance please see the Education Administrative Associate III for form or you can purchase online at https://www.mfpe.org/about-mfpe/we-are-mfpe/aspiring-educators/