

**INDIANA UNIVERSITY KOKOMO
DIVISION OF EDUCATION
TEACHER EDUCATION PROGRAM (TEP)
5-12 (Junior High/Middle, Secondary Licensure)
Application for Admission to TEP**

Name: _____

Address: _____

(Street) (City) (State) (Zip)

IU Kokomo Email: _____

IU ID#: _____ Phone: () _____

1. My overall GPA is _____ 2. My Teaching Major GPA is _____

3. My Teaching Major is: (Check one) _____ English Language Arts
_____ Mathematics
_____ Science
_____ Social Studies
_____ Fine Arts (K-12 licensure)
_____ Middle School Generalist (5-9 licensure)

4. I have passing scores on all 3 sections of PRAXIS I (PPST)

___ Yes, M199 is posted on my transcript

OR

___ Yes, I have included a copy of my score report.

5. Indicate a grade for each CORE I course (must be C+ or better). If you have transfer credit, indicate the institution. If you do not have a grade and currently are enrolled or advance registered, you must include a copy of your Schedule Confirmation or a copy of your advance registration. You may print either of these forms from OneStart at <https://onestart.iu.edu>

_____ M101 or F205

_____ P255

_____ K205

_____ W200

_____ Q200

Other requirements:

- Minimum of 2.5 overall GPA at end of summer session(s)...prior to the fall methods semester
- Minimum of 2.5 GPA in the major area (i.e., Math, English, etc.)...prior to the fall methods semester
- Minimum of 55 credits that are applicable to the BS Secondary Education degree program at end of summer session(s)...prior to the fall methods semester

6. State the month and year you plan to begin TEP methods classes: _____

State the month and year you plan to begin student teaching: _____

NOTE: Applications for student teaching are due on March 1st during the semester in which S487 and M464 are taken.

7. Have you ever been investigated for, charged with, or pleaded guilty or "no contest" to any crime involving sexual misconduct or indecency with a minor?

Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If the answer is Yes to either question, attach a written explanation (date of the charge, offense in question, court action, and address of the court involved).

***NOTE: The Indiana Sex Offender Registry will be used to determine your status with respect to that registry.**

Applicant's Statement:

I hereby certify that all information submitted is, to the best of my knowledge, true, accurate, and complete. Any falsification of this record will be sufficient cause for disqualification and dismissal.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Received by: _____

Date: _____

DIRECTIONS:

I. Complete this form (may be handwritten)

II. Staple the following to this completed form:

a) Copy of Schedule Confirmation and/or Advance Registration

NOTE: Include only if needed for item #5 on page 1.

b) Copy of PRAXIS I Score Report documenting passing scores on all three areas of PPST **unless** M199 is posted on your transcript.

III. Submit to the Education Office during normal business hours.

NOTE: All incomplete applications will be returned.