ATTENTION TEACH APPLICANTS:

THE FOLLOWING APPLICATION DEADLINES ARE IN EFFECT AS OF DECEMBER 5, 2014:

APPLICATION/TECHNOLOGY (ELECTRONIC PORTFOLIO) FEE IS $100.00

IF APPLICATION IS POSTMARKED BY THIS DATE: JANUARY 5TH - MARCH 2ND

PLEASE NOTE: APPLICATION PACKET MUST NOT BE MISSING ANY INFORMATION (i.e. test scores, transcripts etc.) BY THESE DATES TO BE CONSIDERED COMPLETE

APPLICATION FEE IS $125.00 FOR APPLICATIONS SUBMITTED AFTER MARCH 2ND ARE NOT GUARANTEED ADMISSION OR FINANCIAL AID.

THE $125.00 APPLICATION FEE IS APPLICABLE TO ANY APPLICATION NOT COMPLETED BY OR RECEIVED AFTER MARCH 2ND
APPLICATION DEADLINES: SPRING Enrollment-December 1, SUMMER Enrollment-May 1, FALL Enrollment-August 1

Applications received after the deadline are not guaranteed enrollment or financial aid for the semester requested.

INSTRUCTIONS FOR NON-CERTIFIED APPLICANTS (TEACH) (CAN BEGIN TEACH PROGRAM IN SUMMER ONLY):

1. Print in ink or type all information required on this application. Verify that all information is correct and sign the application.
2. Request two (2) OFFICIAL (unopened) transcripts or an Escript from ALL individual colleges and universities previously attended or currently attending. Cumulative GPA ≥ 2.20 is required with a Bachelor’s degree. (Please send transcripts to the address listed under number 12 below.)
3. Submit original PRAXIS PPST or CASE Exam scores (See application for exemptions. If exempt from PPST, please provide original Master’s Degree Transcript, ACT, or SAT scores.)
4. Submit original PRAXIS Content Exam Scores. If seeking certification in Special Education, that exam is required as well. (A print out of scores from www.teachlouisiana.net or www.ets.org is acceptable.)
5. Submit answers to Portal One Questions (1 Handwritten and 4 Typed) (Questions are attached.)
6. Submit completed Health and Immunization Forms (Forms are attached.)
7. Submit Employment Verification with original employer signature by August 2014 (Form is attached.)
8. Submit Two Candidate Recommendation Forms (Forms are attached.)
9. Submit TEACH/MAT Letter of Understanding and Agreement (Form is attached)
10. Include a non-refundable application fee of $35 before early application deadline OR $50 after application deadline. Electronic Portfolio fee may be required.
11. Mail the application with application fee and ALL completed forms listed above to:
   TEACH/MAT Program
   Louisiana College
   PO Box 585
   Pineville, LA 71359

ALL APPLICANTS:

Tuition and fees are due at registration each semester (Summer, Fall, and Spring). If tuition and fees are not paid at registration each semester, you will not be allowed to enroll for that semester. Tuition and fee amounts change with each academic year. For the tuition and fees due for the next TEACH/MAT academic year (begins June 1), please contact our office after April 1. Financial assistance is available from various institutions with processes outside of Louisiana College’s control. Therefore, it is imperative that early attention is given by you, the candidate, to the following applicable processes so that your finances are in place before registration:

- Tuition Exemption/Reimbursement may be available through the school parish where you teach. You must contact your parish for appropriate paperwork and deadlines for submission to the personnel office.
- Payment plan with www.TuitionPay.com is available. Contact the Louisiana College Business Office at 318-487-7616 with questions regarding Tuition Pay or Parish Tuition Exemption/Reimbursement.
- TEACH GRANT: Funding for high need fields and areas of teacher shortage per federal and state guidelines. Get the Facts https://teach-ats.ed.gov. Please read the TEACH GRANT information on our website (Finances tab, TEACH/MAT Financial Aid).
- FAFSA forms should be completed and submitted in January or as soon as possible thereafter. Go to www.FAFSA.ed.gov to complete this form. You will indicate interest in the TEACH Grant at this site.
- Federal Student Loans through government programs or Personal Loan from financial institution. (Contact our Financial Aid Office at 318-487-7386 with questions regarding Student Loans, FAFSA, or the TEACH Grant.)

Please note: The Teacher Education Department does not process any aspects of tuition or financial aid; please contact the appropriate departments listed in the section above or visit www.lacollege.edu.
Application for Admission to
Master of Arts in Teaching Program (MAT) / 
Teacher Education Alternative Certification Honors Program (TEACH)
Certification Only Program

Instructions: Please print in ink or type all information. Include a non-refundable application/Electronic Portfolio fee of $100.00 before application deadline OR $125.00 after application deadline and any other required documents with this application. An incomplete application WILL delay processing.

ADMISSION PLAN
- MAT (certified): Semester/Year you plan to enroll at Louisiana College:
  - Summer Yr _____
  - Fall Yr _____
  - Spring Yr _____
- Please indicate concentration area:
  - General
  - Educational Leadership
- Please indicate which Cohort: Main Campus_____ Waco_____ New Orleans_____
- Certification Only: Fall Yr_________ Spring Yr________

TEACH (not certified): Summer you plan to enroll Yr __________

Will you need campus housing for the Summer Session?  Yes / No

Applications received after the application deadline are not guaranteed enrollment or financial aid for the semester requested.

PERSONAL DATA
- SSN ______-______-______
- Name ____________________________
- Last
- First
- Middle
- Maiden
- Mailing Address ____________________________
- Number / Street / Apartment #
- City
- State
- Zip
- Home Phone (_____) ___________________  Cell Phone (_____) ___________________
- Other Phone (_____) ___________________
- Date of Birth _____ / ____ / ______
- Residence Parish ________________________
- Email ________________________________
- Ethnic Origin (for reporting purposes only) ___________________________
- Gender: M / F
- Marital Status _________________________
- Military Veteran: Y / N
- U.S. Citizen: Y / N
- Religion (optional) _______________________
- Church/Location _______________________ 

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, and indecency with a minor) and/or received probation or deferred adjudication?  Yes / No If yes, please explain on a separate piece of paper.

EMERGENCY CONTACT
- Name: ____________________________
- Relationship: ____________________
- Phone: ____________________________

EDUCATIONAL BACKGROUND
- Have you attended Louisiana College before?  Yes / No If "Yes", please indicate last date attended: ____________________________

<table>
<thead>
<tr>
<th>List ALL Colleges/Universities you have attended*</th>
<th>Degree Earned</th>
<th>Major</th>
<th>Last Date Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If necessary, list any additional college/universities on separate piece of paper.

- Is your degree from a regionally accredited institution?  Yes / No
- If you previously attended another college or university, are you academically eligible to return to that institution at this time?  Yes / No

WORK / TEACHING EXPERIENCE

<table>
<thead>
<tr>
<th>From MO YR</th>
<th>To MO YR</th>
<th>Name of Employer / Phone Number (beginning with most current)</th>
<th>Position Held</th>
<th>If teaching, do you have a temporary license (i.e. TAT, PL)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If necessary, list any additional work / teaching experience on separate piece of paper.
Please indicate your current certification status:  □ Certified  □ Non-Certified (seeking initial teacher certification)

If you are already certified, please indicate the area(s) you are certified in. (Check all that apply)

□ Early Childhood (Grades PK-3)**  □ Elementary (Grades 1-5)
□ Middle School (Grades 4-8) Subject: ________________  □ Secondary (Grades 6-12) Subject: ________________
□ All-level K-12 Art  □ All-level K-12 Music
□ All-level K-12 Health and Physical Education  □ Special Education Mild/Moderate (Grades 1-5)**
□ Special Education Mild/Moderate (Grades 4-8)**  □ Special Education Mild/Moderate (6-12)**

*PRAXIS Exams and teaching position for Fall and Spring must correlate with the area in which you are seeking initial certification.

**Early Childhood and Special Education certification areas require a total of 24-27 hours of coursework through the TEACH Program.

PRAXIS Exams—Required from Non-Certified Applicants

It is a Louisiana State Department of Education requirement that you have a passing score on the following parts of the PRAXIS to be admitted to any Alternate Certification Program. To schedule an exam, go to www.ets.org. You can also find Louisiana PRAXIS Requirements at www.ets.org to determine the current exam numbers and scores.

■ PRAXIS I: Pre-Professional Skills Test (PPST)

You may be exempt from the PRAXIS PPST if one of the following applies to you (check all that apply):

____ Exempt from PPST because of earned Master’s Degree (Please submit official transcripts verifying this degree.)
____ Exempt from PPST because of ACT Composite Score of 22 or higher (Please submit original ACT score report.)
____ Exempt from PPST because of SAT combined Verbal and Math Score of 1030 or higher (Please submit original SAT score report.)

*If you are not exempt due to one of the reasons listed above, you must submit original PRAXIS PPST Scores with this application (a print out from the www.teachlouisiana.net or www.ets.org is acceptable). NTE passing scores are accepted if exams were taken and passed before the exam became inactive.

■ PRAXIS II: Content Specific Exam

Content Area Exam Taken: _____________________________________ Score: ______________________

Please note: If seeking certification in Special Education Mild/Moderate Grades 1-5, you must take the Elementary Content PRAXIS Exam. If seeking certification in Special Education Mild/Moderate Grades 4-8, you must take one of the Middle School 4-8 Core Content PRAXIS Exams in English, Science, Social Studies or Mathematics. If seeking certification in Special Education Mild/Moderate Grades 6-12, you must take one of the following Secondary 6-12 Core Content Subject Area PRAXIS Exams: English, any 6-12 Science, Social Studies, or Mathematics. You must also take the Special Ed Mild/Moderate Core Content Test.

Signature

I certify that the information given above is complete and correct to the best of my knowledge. I understand that failure to provide complete and accurate information is a basis for rejection of my application. If admitted on the basis of incomplete and inaccurate information, I may be suspended and may forfeit any credits earned and all fees.

Applicant Signature: _____________________________ Date: _____________________________

Please return all completed documents to:

TEACH/MAT Program
Louisiana College
PO Box 585
Pineville, LA 71359
PORTAL ONE QUESTIONS

Name: _______________________________ Date of Birth: ____/____/_______

The following five (5) questions are an important component of the application process. In answering these questions, you are making a statement about your values and your professional goals. Please take great care in answering the following questions in a professional and thoughtful manner.

A. **TYPED:** The following questions are to be typed double spaced using 12 point font. 
   *Please limit your responses to one full page in length per question.*

   1. What are some characteristics of a professional teacher?
   2. What influenced you to become a teacher and why?
   3. Share some examples of service that you have experienced from teachers that you have had. Discuss why serving others is so important as a teacher.
   4. What are your professional goals as a teacher?

B. **HANDWRITTEN:** The response to the following question is a very important part of our screening process. The response will be checked for grammar and content. Answer the following question in your own handwriting. *(Minimum of 400 words)*

   5. How will the “life experiences” you have had in the past impact your teaching?

*Please write your name at the top of **ALL** pages submitted.*
**Health History Record**

Date ___ / ___ / ______

CLASS LOCATION:
- on campus
- on line only
- off campus, in Pineville

Semester of enrollment:
- Full
- Spring
- Summer
- Year: ________

Major _______________________________________

CONFIDENTIAL : Must be completed and returned before registering for classes

PLEASE PRINT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>M / F</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
<th>Nickname</th>
<th>Gender</th>
</tr>
</thead>
</table>

Address _____________________________________________________

Street/P.O. Box __________________________ City/Town ______ State ____ Zip Code ______

Date of Birth ______________ Age __________ Home Phone (______) __________ Cell Phone (______) __________

Persons to be notified in an emergency: Student e-mail address ________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone (______)</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEALTH INSURANCE INFORMATION

SUBMIT COPY OF BOTH SIDES OF INSURANCE CARD

Name of Ins. Co. __________________________ Group # ____________ Policy # ____________

ALLERGIES

<table>
<thead>
<tr>
<th>To Medication</th>
<th>Food</th>
<th>Bee Sting</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you now taking allergy vaccine? No/ Yes – Please have your physician send pertinent information to us so that we can continue to give your allergy injections.

MEDICATIONS

Current medications (include dosage) __________________________________________

HISTORY OF ILLNESS Have you ever or do you now have any of the following? Check all that apply.

<table>
<thead>
<tr>
<th>Alcoholism or chemical dependency</th>
<th>Heart disease</th>
<th>Painful menstruation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia or other blood disease</td>
<td>High blood pressure</td>
<td>Rheumatic fever</td>
</tr>
<tr>
<td>Asthma</td>
<td>Hepatitis</td>
<td>Skin disease</td>
</tr>
<tr>
<td>Bone or joint disease</td>
<td>Kidney disease</td>
<td>Stomach trouble, intestinal disease, or ulcer</td>
</tr>
<tr>
<td>Cancer</td>
<td>Major trauma, multiple injuries</td>
<td>Suicide attempt</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Migraine headaches</td>
<td>Tonsillitis</td>
</tr>
<tr>
<td>Convulsions</td>
<td>Meningitis</td>
<td>Have you ever had a BLOOD transfusion?</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Mononucleosis</td>
<td>Other serious illnesses?</td>
</tr>
<tr>
<td>Drug or alcohol overdose</td>
<td>Psychiatric treatment</td>
<td>Other medical problems?</td>
</tr>
<tr>
<td>Ear, nose, or throat disease</td>
<td>Psychological problems</td>
<td>Handicapping conditions</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>Psychological counseling</td>
<td>Hospitalization</td>
</tr>
<tr>
<td>Eye disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation of all checked answers ____________________________________________
**PERSONAL HISTORY**  Please check all that apply.

<table>
<thead>
<tr>
<th>I have physical handicaps or disabilities. Please explain.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have special health requirements? Please specify.</td>
<td></td>
</tr>
<tr>
<td>I have consulted or been treated by clinics, physicians, healers, or other practitioners within the last 5 years other than for routine checkups. Please explain.</td>
<td></td>
</tr>
<tr>
<td>I have been diagnosed and/or treated for an eating disorder (Anorexia nervosa, bulimia, or other) and have been/am being treated for it. Please explain.</td>
<td></td>
</tr>
<tr>
<td>I have dietary restrictions. Please explain.</td>
<td></td>
</tr>
<tr>
<td>I have been involved in counseling or psychiatric therapy for a nervous condition, personality disorder, family situation, or emotional problem. Give details.</td>
<td></td>
</tr>
<tr>
<td>I have been treated for chemical dependency. Type</td>
<td></td>
</tr>
<tr>
<td>Duration of treatment program.</td>
<td></td>
</tr>
</tbody>
</table>

*AUTHORIZATION FOR MEDICAL CARE AND RELEASE OF INFORMATION*

IN ORDER TO PROMOTE ACCESS TO MEDICAL CARE FOR STUDENTS WITH MEDICAL ILLNESS, WHETHER PHYSICAL OR EMOTIONAL, EACH STUDENT EIGHTEEN (18) YEARS OF AGE (OR OVER) OR THE CUSTODIAL PARENT/GUARDIAN OF EACH STUDENT UNDER EIGHTEEN (18) YEARS OF AGE AGREES AS FOLLOWS:

I do hereby give and grant unto the Louisiana College school physicians and nurses my consent to perform routine medical care through Louisiana College Health Services and necessary emergency care procedures and to use their own judgment in securing medical aid and/or emergency transportation. I understand that I am financially responsible for any and all medical expenses incurred.

I further hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care as may be required on an emergency basis, in the event that I should be stricken ill while under the supervision of Louisiana college personnel. This permission includes admission to a hospital, emergency surgery, administration of medications, therapeutic procedures, etc., as deemed necessary by the attending physician.

I hereby authorize any physician or practitioner who has observed (student’s name) for diagnosis or treatment for any disease or ailment, and any hospital or clinic where I/she/he have or has been a patient for such diagnosis, treatment, disease, or ailment, to give full particulars thereof, upon request, to the Louisiana College Dean of Students.

If I participate in intercollegiate athletics, I give my permission for a copy of this health history and other pertinent health information to be given as needed for the treatment of illness to the Athletic Director, Coach, or Athletic Trainer.

I give my permission to Louisiana College Health Services to inform the Dean of Students, Student Counselor, and/or Residence Life Staff of pertinent health or emotional problems so my health may be maintained in an appropriate manner. I give my permission to the Health Services Staff for a referral for student counseling services as deemed appropriate by the college physician.

A Photostat of this authorization shall be valid as the original and any photostat and the original shall expire at the date the student graduates, or otherwise permanently ceases to be a student at Louisiana College.

**SIGNATURES**

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student must sign even if under 18 years of age</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required for Student under 18 years of age</td>
<td></td>
</tr>
</tbody>
</table>

*PLEASE BE SURE TO READ AND SIGN THE ABOVE AUTHORIZATION*
PROOF OF IMMUNIZATION COMPLIANCE

(Vaccine requirements applicable only to students born on or after January 1, 1957)

You will not be permitted to register until this form is completed and returned, or a waiver has been signed for your file.

Name: ____________________________________________________________ Date of Birth ______________
Please Print       Last                                        First                              Middle            Maiden
MM/ DD/ YY
Semester of Enrollment:  ☐ Fall  ☐ Spring  ☐ Summer  Year __________  Major/Program ___________________________________

Physician must complete this section.

**Required Vaccines**

Measles, Mumps, Rubella (MMR)  2 doses required

First dose: ____________________________  (Date)
Second dose: _____________________________  (Date)
OR
Serologic Test Date and Result: ___________ ___________  (Date)  (Result)
OR
Date of disease ________________  (Date)

Tetanus-Diphtheria

Td or Tdap: ___________________________  (Circle one)  (Date within 10 years)

Meningococcal Vaccine (one dose required)

Quadrivalent vaccine (A, C, Y, W-135)

___________ ___________  (Date)  (Vaccine Type)

**Recommended Vaccines**

Hepatitis B Vaccine (3 dose series)

First dose: ___________________________  (Date)
Second dose: ___________________________  (Date)
Third dose: ___________________________  (Date)
Titer: _______________ ___________  (Date)  (Result)

Varicella (Chicken Pox) Vaccine (2 dose series)

First dose: ___________________________  (Date)
Second dose: ___________________________  (Date)

History of Disease: ☐ No  ☐ Yes ________  (Date or approx. age)

Please DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS HAD THE REQUIRED VACCINES OR IMMUNE TESTS.

__________________________________________  ____________________  (Signature of physician/Other Health Care Provider)  (Date)

Please make a copy of this form for your personal record.

Remember to return this completed form to the Office of Health Services, LC Box 106, Pineville, La 71359

Please read the following information carefully:

Louisiana Law requires all students (born on or after January 1, 1957) entering Louisiana College to be immunized against Measles, Mumps, and Rubella, Tetanus-Diphtheria (within the past 10 years), and Meningococcal disease (Meningitis). The vaccines required on this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters.
WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY FORM

**Measles Requirement:** Two doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday. In 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet the same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution.

**Tetanus-Diphtheria Requirement:** A booster dose of vaccine given within the past ten years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

**Meningitis Requirement:** One dose of Menomune ® (MPSV4) or Menactra TM (MCV4).

**Meningitis Information:** Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else’s mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during the late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities put these students at greater risk. Two meningococcal vaccines are available in the U.S. – Menomune ® and Menactra TM (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis – DOES NOT COVER Group B serotype). Vaccinations take 7 – 10 days to become effective, with possible protection lasting 3 – 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: people who have had Guillain-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101 or higher). Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to a person on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at Health Services (for a fee), private physician offices, and Health Units.

**WAIVER OF VACCINATION**

BE IT KNOWN that on this date I, ___________________________ (Print Name of Student) have read the CDC and ACHA guidelines (above) for Measles Requirement, Tetanus-Diphtheria Requirement, and Meningitis Requirement including the Meningitis Information and understand that my health could be negatively affected and my life possibly endangered by not receiving these vaccines. The reason for my completing this waiver is (initial one):

<table>
<thead>
<tr>
<th>Personal</th>
<th>Medical</th>
<th>Religious</th>
<th>Unavailability of the Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Initial)</td>
<td>(Initial)</td>
<td>(Initial)</td>
<td>(Initial)</td>
</tr>
<tr>
<td>(Explain in detail)</td>
<td>(Explain in detail)</td>
<td>(Explain in detail)</td>
<td>(Explain in detail)</td>
</tr>
</tbody>
</table>

**I AM WAIVING THE FOLLOWING VACCINE(S):** (initial applicable vaccines):

<table>
<thead>
<tr>
<th>Measles Mumps Rubella (MMR)</th>
<th>Tetanus-Diphtheria (Td)</th>
<th>Meningococcal (Meningitis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Initial)</td>
<td>(Initial)</td>
<td>(Initial)</td>
</tr>
</tbody>
</table>

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella, or meningitis until the outbreak is over or until I submit proof of immunization. I declare myself to be a person of full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the required vaccinations. I do further hereby now and forever free and release the Louisiana College, the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccinations. I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccinations of my own free will.

Student Signature ___________________________________________ Date ____________________

Parent/Guardian Signature if student under 18 years old ___________________________ Date ____________________

Revised 9/13
Employment Verification

Submit original document to: Louisiana College TEACH/MAT Program, 1140 College Drive, Box 585, Pineville, LA 71359
Contact: 318-487-7302; Email: education@lacollege.edu

TO BE COMPLETED BY PERSONNEL DIRECTOR of Employing School District

Please note:

- **Non-Certified Teacher:** You must be employed by the first class meeting of the semester (not including summer semester) in order for you to enroll in ED 573 Practitioner Internship.

- **Certified Teacher:** You must submit this form as proof of employment for completion of advanced internship and practicum coursework.

This document shall serve as verification to the Louisiana College Teacher Education Department of the full-time employment of the individual listed below contingent upon him/her meeting the following:

- Compliance with ALL program requirements for the Practitioner Teacher Program (TEACH)/Master of Arts in Teaching Program (MAT)

- Fulfill conditions set forth by the Board/System for employment of full-time teachers

Employee Name (please print): ________________________________

School Name: __________________________________________

Parish/District: ___________________________________________

School year employed (ex: 2015-2016): ________________________

The above named employee must be a *full-time* teacher and teach at least ONE hour per day in the subject area and grade level in which he/she is pursuing certification.

Please indicate the SUBJECT the employee will be teaching: ______________________

Please indicate the GRADE LEVEL the employee will be teaching: ___________________

____________________________________  __________/_____/______  _______________
Employee Signature                      Date of Birth                               Date

____________________________________  ________________                     _______________
Personnel Director Signature*            Phone Number                            Date

*If the school, subject/grade level and/or signature is left blank, this document will be null and void. A signature from a Principal or Assistant Principal is not accepted unless the employer is a private state approved school.
Division of Education

TEACH / MAT LETTER OF UNDERSTANDING AND AGREEMENT

2015-2016

By signing this document I understand that I am granting Professors and/or Administrators directly involved in my Louisiana College TEACH/MAT program permission to contact any person who acts or has acted in a supervisory capacity during my past or present employment in an education related field including classroom teacher and instructional aide.

I furthermore understand and agree that any past education related positions held by me must be disclosed to the Louisiana College Department of Teacher Education.

I furthermore understand and agree that Louisiana College may seek a criminal history and background check.

I furthermore understand and agree that Louisiana College’s top priority is to maintain the rigor and respect of the TEACH/MAT program. As a voluntary participant, I will adhere to the policies and guidelines found in the Louisiana College Catalog, Graduate Handbook and TEACH/MAT Handbook. It is my responsibility to read and be familiar with the aforementioned policies and guidelines. I will maintain a professional disposition that reflects the unchanging foundations of Christ’s teachings.

I furthermore understand and agree that the TEACH/MAT Graduate Committee, appointed by the President’s Office, has the right and responsibility to deny admission and/or dismiss from the program, any individual who it deems does not display the dispositions or meets the standards described in this and other official Louisiana College documents.

________________________________________________________________________
Student’s Name (please print)                     Student Date of Birth

________________________________________________________________________
Student’s Signature                     Date
TO THE CANDIDATE: Please print your name and address legibly below and give this form to the appropriate person along with a stamped envelope addressed to:

Louisiana College Teacher Education Department
1140 College Drive Box 585
Pineville, LA 71359

Candidate’s name: ________________________________________________________________
Street Address: ________________________________________________________________
City/State: ________________________ Zip Code: ________________
Email Address: ____________________________ Phone: ____________________________

TO THE RECOMMENDER: The person named above is applying to the Louisiana College Master of Arts in Teaching program. The Louisiana College MAT Admissions Committee needs a candid and honest recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidate’s personal/professional qualifications. Upon completion, please place the form in the self-addressed, stamped envelope provided.

Your Name: ____________________________ Position/Title ____________________________
Work Address: ________________________________________________________________
Work Phone: ____________________________ Relationship to candidate: ____________________________
Approximate length of time you have known the candidate and in what context:
__________________________________________________________________________

Directions: Please place a mark in one box per quality indicator below.

<table>
<thead>
<tr>
<th>Personal Qualities</th>
<th>Poor (Lower 10%)</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent (top 10%)</th>
<th>No Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/Emotional Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer compatibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honesty/Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to criticism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common sense</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect for authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness of Voice and Speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reprint

Candidate Name: ______________________________________

### Academic and Professional Qualities

<table>
<thead>
<tr>
<th>Quality</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very Good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>No Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Command of Subject Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to follow instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work in groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diligence in completing tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment to new situations/assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative/Follow through</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The applicant’s commitment to his/her work ethic is exemplified by the statement: “Above and beyond the call of duty.” ___extremely well ___very well ___moderately well _____not well

What are the first words that come to your mind as you describe the candidate?
____________________________________________________
_______________________ ____________

If your own child or grandchild were to be placed in this candidate's classroom, what would your reaction be?

- [ ] This is wonderful!
- [ ] This is good.
- [ ] This is ok.
- [ ] This is bad.
- [ ] How can I get a new teacher!

Please feel free to attach any anecdotal information regarding your responses.

_______________________________________________________

Signature of Recommender

Date
TO THE CANDIDATE: Please print your name and address legibly below and give this form to the appropriate person along with a stamped envelope addressed to:

Louisiana College Teacher Education Department
1140 College Drive Box 585
Pineville, LA 71359

Candidate’s name: __________________________________________________________
Street Address: __________________________________________________________
City/State: ___________________ Zip Code: ___________________
Email Address: ______________________ Phone: ______________________

TO THE RECOMMENDER: The person named above is applying to the Louisiana College Master of Arts in Teaching program. The Louisiana College MAT Admissions Committee needs a candid and honest recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidate’s personal/professional qualifications. Upon completion, please place the form in the self-addressed, stamped envelope provided.

Your Name: __________________________ Position/Title _________________________
Work Address: __________________________________________________________
Work Phone: __________________________________________________________
Relationship to candidate: ______________________________________________
Approximate length of time you have known the candidate and in what context:

Directions: Please place a mark in one box per quality indicator below.

<table>
<thead>
<tr>
<th>Personal Qualities</th>
<th>Poor (Lower 10%)</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent (top 10%)</th>
<th>No Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/Emotional Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer compatibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honesty/Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to criticism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common sense</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect for authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness of Voice and Speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reprint Candidate Name: ________________________________

<table>
<thead>
<tr>
<th>Academic and Professional Qualities</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very Good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>No Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Command of Subject Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to follow instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work in groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diligence in completing tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment to new situations/assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative/Follow through</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The applicant’s commitment to his/her work ethic is exemplified by the statement: “Above and beyond the call of duty.” ___extremely well     ____very well     ____moderately well     _____not well

What are the first words that come to your mind as you describe the candidate?

______________________________________________________________________

If your own child or grandchild were to be placed in this candidate’s classroom, what would your reaction be?

- [ ] This is wonderful!  [ ] This is good.  [ ] This is ok.
- [ ] This is bad.  [ ] How can I get a new teacher!

Please feel free to attach any anecdotal information regarding your responses.

______________________________________________________________________

Signature of Recommender ________________________________
Date ______________
(CERTIFICATION ONLY CANDIDATES)

LOUISIANA DEPARTMENT OF EDUCATION
Teacher Certification and Higher Education

EXPERIENCE VERIFICATION FORM

PLEASE CHECK CATEGORY THAT APPLIES TO APPLICATION:

___ Higher-Level Certificate¹  ___ Administrative Certificate  ___ Out-of-State PRAXIS Exclusion²

___ Student Teaching/Internship Waiver  ___ Verification of Experience for Ancillary Area  ___ TAT

PLEASE TYPE OR PRINT IN INK

<table>
<thead>
<tr>
<th>Louisiana Certificate Type/Number: ___________</th>
<th>Social Security Number: _______ - _______ - _______</th>
</tr>
</thead>
</table>

| Name: __________________________________________ | Date of Birth: ____/____/____ |
| (First)                                           | (Middle)                        |
| (Maiden)                                         | (Married)                       |

| Address: __________________________________________ | Home Phone #: (_______) _______ |
| (Street)                                         | (City/State)                    |
|                                                 | (Zip Code)                      |

<table>
<thead>
<tr>
<th>PARISH/DISTRICT/COUNTY</th>
<th>NAME OF SCHOOL</th>
<th>Type of School</th>
<th>Grade Level(s) Taught</th>
<th>Subject(s) Taught</th>
<th>School Year(s) Taught</th>
<th>POSITION (teacher, principal, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Public School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Higher Request: **If this form is being submitted for a higher-level certificate, it must be submitted directly from the Louisiana employing school system.**

2 Out-of-State Exclusion: **I certify that the experience as listed above was successful, complete, and correct according to the official records on file in the Louisiana public school system providing this verification of employment. The above individual will be re-employed by this system for the next school year in accordance with the out-of-state certification policy.**

**To be completed by Superintendent or Human Resource Director**

**Evaluation Completion for Higher Level Certificate:**

_______ I hereby verify that the above individual has completed three years of successful local/district evaluations beginning with school year 2015-2016 and that all supporting documents will be kept on file at the district office.

**To be completed by the Superintendent of Human Resource Director:**

**Educational Leader Induction:**

_______ I hereby verify that the above individual has completed the district educational leader induction program.

**TO THE BEST OF MY KNOWLEDGE, THE EXPERIENCE CORRECTLY LISTED ABOVE WAS SUCCESSFUL.**

<table>
<thead>
<tr>
<th>ORIGINAL SIGNATURE OF EMPLOYING AUTHORITY</th>
<th>TITLE AND DISTRICT OF EMPLOYING AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORIGINAL SIGNATURE OF APPLICANT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>