LOUISIANA COLLEGE

INSTRUCTIONS FOR APPLICATION FOR RE-ADMISSION

Master of Arts in Teaching Program (MAT) ONLY

(TEACH Completers prior to Summer 2014 who are applying for the MAT program are not subject to the Electronic Portfolio Dues)

Regular Application fee of $35 will apply for anyone who has not been enrolled for more than 1 academic year.

Those who are traditionally certified and have to complete the 33hrs for the MAT degree are subject to the $125 Application/Electronic Portfolio fees.

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: Please print in ink or type all information. An incomplete application WILL delay processing.

INSTRUCTIONS FOR RE-ADMISSION:

1. Print in ink or type all information required on this application. Verify that all information is correct and sign the application.
2. Submit Employment Verification with original employer signature for current school year (Form is attached.)
3. Submit Two Candidate Recommendation Forms (Forms are attached)
4. Submit TEACH/MAT Letter of Understanding and Agreement (Form is attached)
5. Submit current Professional Resumé or Curriculum Vitae with THREE references included.
6. Submit any new PRAXIS exams taken since last application
7. Mail the application with application fee and ALL completed forms listed above to:
   TEACH/MAT Program
   1140 College Dr.
   Louisiana College
   Box 585
   Pineville, LA 71359

***Additional information may be requested as needed.***

FINANCIAL AID

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 318-487-7693 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.
LOUISIANA COLLEGE
Application for Readmission to
Master of Arts in Teaching Program (MAT)

Instructions: Please print in ink or type all information. 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 ______
- 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: __________________________
- If you have attended another university since you last attended Louisiana College, please complete the following:

<table>
<thead>
<tr>
<th>Institutions attended since you last applied to LC*</th>
<th>Hours Earned</th>
<th>Major</th>
<th>Last Date Attended</th>
</tr>
</thead>
</table>

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

- 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

Please indicate any new employment since you last applied to our program:

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

*If necessary, list any additional work / teaching experience on separate piece of paper.

CERTIFICATION AREA

- Please indicate your current certification status: ☐ Certified ☐ Non-Certified (seeking initial teacher certification)
- If not certified, what area are you seeking certification in: __________________________

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: __________________________ 1/2015

Please return all completed documents to:

TEACH/MAT Program
Louisiana College
PO Box 585
Pineville, LA 71359
Employment Verification
Submit original document to: Louisiana College TEACH/MAT Program, 1140 College Drive, Box 585, Pineville, LA 71359
Contact: 318-487-7302; Email: swilliams@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
Louisiana College
Candidate Recommendation
(Page 1 of 2)

**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 School of Education
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:

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

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<thead>
<tr>
<th>Personal Qualities</th>
<th>Poor (Lower 10%)</th>
<th>Below Average</th>
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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?

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

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

_____________________________________________________

Signature of Recommender ____________________________________________

Date
Louisiana College
Candidate Recommendation
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- O This is bad.   O How can I get a new teacher!

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

_______________________________________________________  ____________
Signature of Recommender                                      Date