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. Include a non-refundable application/technology (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.

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 Resume 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.***
Application for Readmission to
Master of Arts in Teaching Program (MAT) /
Teacher Education Alternative Certification Honors Program (TEACH)

**Instructions:** Please print in ink or type all information. Include a non-refundable application/technology (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 _____
- 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: ____________________________
- 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>
<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.

- 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:

<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.*

**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: ____________________

Please return all completed documents to:

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

For Office Use Only
Date Received: _______
Application Fee Pd: _______
Processed: DB_____ JZ _____
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: ____________________________

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date of Birth</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________</td>
<td><em><strong>/</strong></em>/_____</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personnel Director Signature*</th>
<th>Phone Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________</td>
<td>------------</td>
<td>_____</td>
</tr>
</tbody>
</table>

*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:
______________________________________________________________________________

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>
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
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:
________________________________________________________________________

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>
</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              