

Date Received:
Received By:

Application to Teacher Education Programs

Level One Admission to Secondary Education

As evidence of my preparation for admission,	I have met with my advisor and received approval to submit t	he following documents:
	ave completed all General Education courses with a grade of 4 semester credits of course work. MSU-N Banner transcript	
My cumulative General Ed grade point average is (Ed Administrative Ass	e (GPA) with grades of 3.0 ("B") or better in all Major and Mociate will run Gen Ed GPA Leave blank)	linor coursework
My Current Campus/Location is		·
I am presenting the following packet documen	tation:	
Teacher Education Programs-Diversity coordinator or Athletic Coach Proof of current Professional Liabs MFPE membership application was year (in packet) Level I Disposition Form (in packet) Release of information form (in packet) Complete Criminal History Backg	agogy Reference Form-Level I (in packet) Filled out by any intersity Reference Form-Level I (in packet) Filled out by supersity Insurance (renewed each year of level I attendance) or countries it in check for \$25.00 made out to MFPE for the appropriate scalet) Must be filled out by instructor who teaches one of the clacket) round Request and Fingerprint Card packet (in separate packet) eneral Education GPA is below 3.0 the student can petition T	visor or volunteer ompleted chool dasses listed on form eet)
Secondary Education Major -		_
Secondary Education Minor(s) -		
•		
100 100	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	
Advisor's Signature	Advisor's Name	Date

App	lica	nt's	Na	ame

Applicant's Banner ID Number

- for Admissions and Retention Committee use only -

The Admissions and Retention Com The following admission decision w	nmittee has met and carefully considered the applica vas made:	nt's admission packet.
No Action Taken.		
Do NOT recommend Admission	to Level One	
	uission to Level One Teacher Education for	Samastar 20
<u></u>		
Recommend - Full Admission to	Level One Teacher Education for Sem	ester, 20
Plan for remediation:		
Admiss	ions and Retention Committee Signatures	
Aumss	ions 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
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Member's Signature	Member's Name (Printed)	Date
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Member's Signature	Member's Name (Printed)	Date
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Member's Signature	Member's Name (Printed)	Date



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

Comments/Concerns:			
	Signatu	re	
Signature	Name (printed)	Title	Date

3-Acceptable

21-28

4-Proficient

29-32

Phone or Email

Score

Exhibits interest and uses technologies as teaching resources

Commits to ongoing life-long learning and professional development.

Address

2-Developing

13-20

1-Unacceptable

8-12

Rating

Organization

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



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-N	Northern, Department Teacher Education	t of Education. I un			
Applicant's Signa	ture	Date	Applican	t's Name	
		Reference I			
Program is requir professors. The a items to the best of For the purpose of	pplicant should have f your knowledge.	completed and submes signed the reference is defined as: include	nitted by employ se permission sta ling, but not lim	vers/administrators atement above. Pla ited to, cultural an	Teacher Education s/supervisors and/or ease complete all the ad individual differences,
Reference's Name	: :				
Section A: Co	mpared with peers	in the same major	/job assignme	nt, the applicant i	ranks (please check):
1 2 3 4	ciates multiple persp cooperatively with p ces individual differ	ectives people from diverse ences with people from diverse ogy to address the diverse to improve rela	verse backgroun iverse needs of tions with peop	people le from diverse bac olvement	
Rating	8-12	2-Developing 13-20	3-Acceptable 21-28	29-32	nt Score
Comments/Conce					
		Signa	ature		
Signature	N	ame (printed)	7	Title	Date
Organization		Address		Phone or Em	 nail



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.

application file. I	Please complete thi	s section before you g	give the form to your	reference.		
Reference's Name	::					
	Applic	ant's Permission f	or Release of Info	rmation		
University-Northe		person above to provi Education. I understan Program.				
Applicant's Signature Applicant's Name (printed)				Date		
		Reference 1	Information			
Education Prograthe following cour	m is required to harses: EDU 201, ED	letes this Form: Eac eve this form complete PY 225, HPE 235, EL estatement above. Pl	ed and submitted by DU 370/270, M 130,	a professor or an in or PSYX 230. The	sstructor of one of applicant should	
Section A: Con	npared with pee	rs in the same maj	or assignment, th	e applicant rank	s (please check):	
1 2 3 4			1 2 3 4			
Rating	1-Unacceptable 13-25	2-Developing 26-38	3-Acceptable 39-45	4-Proficient 46-52	Score	
Comments/Concerns:						
		Sign	ature			
Signature	1	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.



Release of Information Form

As a Field Practicum Candidany potential or established information released may be (address, phone, email), acade other information as requested.	field pla written demic pe	cement site (or verbal, an erformance (t	Districts or Sold may include transcripts), P	chools and the	eir respectiv mited to, m	e personnel). The y contact information
			Signatures	}		
This document is effective u	ntil revo	oked in writin	ng by me.			
Candidate's Full Address			City, State	, Zip Code		Birth Date
Candidate's Email Address			Candidate's	Telephone Nun	Banner ID#	
Your signature must be no	tarized.					
(Sign in front of a Notary Public)						
(2.8.1)	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)
(SEAL)				iding at Commission Expi		
(SEAL)			Mv	Commission Expi	res	

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/