VIRGINIA WESLEYAN COLLEGE
EDUCATION DEPARTMENT
PROFESSIONAL EDUCATION PROGRAM APPLICATION

NAME_____ SS#_____
Last First Middle

CAMPUS ADDRESS_____ PHONE_____
Dorm Room

HOME ADDRESS _____ PHONE_____
Street

_____ PHONE_____
City State Zip

CAMPUS E-MAIL_____HOME E-MAIL_____

CERTIFICATION AREA(S)_____
Elementary (PreK-6), Middle (6-8), Secondary (6-12), Special Education (K-12)

EDUCATION ADVISOR_____

CHECK EITHER A, B, OR C.

A. VWC Undergraduate **or** B. Transfer Undergraduate

Declared Major_____

Major Advisor_____

C. Certification only

College_____
(Institution from which you graduated and year)

Major_____

PROFESORS FROM WHOM YOU HAVE REQUESTED A RECOMMENDATION
(other than VWC education professors)

1._____

2._____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

HAVE YOU EVR HAD A TEACHING LICENSE REVOKED? Yes No

Answering the following question is optional. The information is helpful in data gathering, but is not required for completion of your application.

BIRTH DATE_____ Female Male

HOW DO YOU DESCRIBE YOURSELF?

African American or Black
Asian American/Asian (ex. Japanese, Chinese, Korean)
Southeast Asian American/ Southeast Asian
(Ex.: Cambodian, Hmong, Khmer, Laotian, Vietnamese)
Pacific Island American/Pacific Islander
Mexican, Mexican American, or Chicano
Puerto Rican
Other Hispanic, Latino, or American
Native American, American Indian, or Alaskan Native
White
Other_____

Please return to the Education Department in Pruden Hall.

Revised 2/08