

Teacher Education Program Undergraduate Application



SUNY Cortland is committed to quality preparation of serious teacher education candidates who demonstrate strong evidence of a positive disposition for the teaching profession*. All applicants are required to meet specific criteria for admission to the teacher education program. Please provide complete and accurate information. Information provided will be kept confidential. (Please print or type.)

Name: _____
last first middle former name(s) if any

Mailing address: _____
Apt. # Street City/Town State Zip code

E-mail address: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

SUNY Cortland Student ID number if former SUNY Cortland student: _____

Academic Prerequisites:
Program to which you are applying:
Current Cumulative GPA: _____ (2.5 minimum cumulative GPA required)
Additional program information, if applicable.

PROCEDURES

1. Student files application with department teacher education coordinator or department chair.
2. Based upon application, department teacher education coordinator or department chair approves or disapproves the application for admission to the teacher education program. In the event that the application is questionable, the department teacher education coordinator or the department chair refers this application to the Teacher Education Candidate Review Committee for review. (Note: Failure to meet standards constitutes automatic denial and is not subject to appeal.)
3. Student is notified of decision in writing by committee within ten working days.
4. **(a)** If you are admitted to the teacher education program, department notifies registrar of change of major, registrar processes change, effective the following semester; or
(b) If not admitted to the teacher education program, student has ten working days to file a written appeal with supporting documentation to the TEC Appeals Committee. Decision will be made by the Committee and student notified in ten working days.

Further appeals levels are to the Unit Head, the Provost, and the President
5. Eligibility of transfer students is conducted separately.

Possible grounds for appeal include: factual error; evidence does not justify decision; new information available regarding the situation that would directly impact the decision.

Requirements concerning good moral character*	YES	NO
1. Have you ever been <u>convicted</u> of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been <u>convicted</u> of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been <u>convicted</u> of a violation? <i>e.g. underage alcohol possession, marijuana possession, noise violation</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged of any of the following: <i>DWI, drug possession, crime against a child, physical assault?</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever received a discharge from the Armed Forces of the United States which was other than "honorable"?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been found in violation of any provision of the SUNY Cortland Code of Student Conduct?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been found in violation of the academic dishonesty policy at SUNY Cortland?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been found in violation of the academic dishonesty policy at another institution?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a judicial record or violation of a code of conduct at another institution?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been suspended/dismissed from any college/university for <u>non-academic</u> reasons?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had an application for a teaching credential in New York or any other jurisdiction denied?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had a teaching credential issued in New York or any other jurisdiction revoked, suspended, annulled or otherwise invalidated?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, please attach a separate sheet to your application with a detailed explanation, including dates, of each incident in question. Answering yes will not automatically exclude you from participation.

**NOTE: If during your enrollment at SUNY Cortland you are convicted of a crime and/or have any judicial or academic integrity violations, you must notify your School's associate dean at once. Additionally, if you have been charged with DWI, drug possession, crime against a child, or physical assault, you must contact your associate dean within 5 business days of the charge. Failure to do so may result in your dismissal from the teacher education program. Failure to provide truthful information may result in your dismissal from the teacher education program and may result in academic dishonesty charges.*

I hereby attest to the accuracy of the information provided herein and grant my permission for review of this information by the department teacher education coordinator, the department chair, and members of the Teacher Education Candidate Review Committee. I further authorize release of my disciplinary records from any institution I have attended.

Applicant's signature: _____ Date: _____

FOR OFFICE USE ONLY:		
Approval for entry to teacher education:	<input type="checkbox"/> Approved for entry	<input type="checkbox"/> Forwarded for review
Signature: _____	Date: _____	
Department Chair or Program Coordinator		
Approval for entry to teacher education:	<input type="checkbox"/> Approved for entry	<input type="checkbox"/> Denied entry
Signature: _____	Date: _____	
Chair of Teacher Education Candidate Review Committee (TECRC)		
If entry to teacher education is denied and the applicant appeals:	<input type="checkbox"/> Approved for entry	<input type="checkbox"/> Denied entry
Signature: _____	Date: _____	
Chair of Appeals Committee		
Routing:	Original: _____ Department	Copy: _____ TECRC
		Copy: _____ Student