Application for Admission
Foreign Language Teacher Education Programs

Application Deadline: February 1. Please note, if February 1 falls on a weekend, applications will be due the following Monday. Students studying abroad during the spring semester may turn in the application prior to leaving the country.

Name (first, middle, last) ____________________________________________________
NET ID ___________________________________ Cell Phone # _______________________
UIN ____________________________________________________
Current College __________________________ Current Major ____________________________
Email __________________________________________________
Desired Term of Entry: Fall 201___ Projected Semester of Student Teaching: Spring 201___

NOTE: Your application decision will be communicated to you via your Illinois email address. Admission decision emails will be sent the week before spring break. Be sure that your email account is not full and that you check it regularly. LAS will not be responsible for admissions information that is not received due to problems with your email account.

State Certification regulations require that the college solicit the following information at the point of entry into teacher education programs.

___ I have taken and passed the Illinois Test of Academic Proficiency (TAP)
    Date of test: ______________________
Or
___ I acknowledge that I must complete the appropriate forms to use my ACT scores in lieu of the
    TAP. I will go to http://education.illinois.edu/students/prospective-students/ACT to follow
    the instructions provided.

Desired Curriculum (select one)
Curriculum Preparatory to the Teaching of:

___ Chinese    ___ French    ___ German    ___ Japanese    ___ Latin    ___ Spanish

I. Please attach a well-ordered essay of no more than two pages, typed and double-spaced, in
   which you respond to the criteria listed on page one of the information sheet.
2. An Experiences, Activities and Reference Form: The form will ask you to list and describe, in rank order, the five most important activities that have shaped who you are today. These may include community experience, work experience, volunteer experience, personal experiences, honors, awards, etc. Please write no more than a short paragraph description for each item. Please do not include the experiences you have listed on your hours verification form(s). The reference section will ask you to list one content area reference from your major. The review committees reserve the right to request additional references if needed.

3. Tutoring Hours Verification Form/s

4. After carefully reading the following, please sign this application below attesting to the accuracy of the information.

I understand that in order to be considered for a field placement with a school district I must consent to a criminal background check including submission of my fingerprints. I also understand that the check may require that I submit my fingerprints to the Illinois State Police and/or the Federal Bureau of Investigations (FBI). I understand that I am responsible for all fees associated with this check. I understand that failure on my part to consent to the review will result in the cancellation of any admission to a teacher education program. I also understand that if I am admitted to a program, but my background check includes evidence of a criminal history, that history will be shared with the school district being considered for placement. I understand that the nature of that history might prohibit me from being placed in a given school district and that the district has the right to refuse my placement.

I understand that admission to the program will be rescinded if I do not complete the required course pattern by the desired term of entry. All undergraduate students enrolled in a teacher preparation program will be assessed a one-time clinical experience fee to partially cover costs associated with early field and student teaching experiences. This non-refundable fee is based on the approved fee at the time you entered the University per the Illinois Compiled Statute 110 ILCS 305/25. Accepting the offer of admission is an agreement on your part to pay this fee. This fee will partially cover costs associated with early field and student teaching experiences. You can find the fee schedule by going to http://www.cote.illinois.edu/clinical/edpr_203.html.

I certify that all of the information provided by me in this application is true and accurate and reflects work that I personally have completed.

Signature _______________________________ Date __________________________

Return application to:

Allison Perry
Student Academic Affairs Office
College of Liberal Arts and Sciences
University of Illinois at Urbana-Champaign
2002 Lincoln Hall, MC-446, 702 S. Wright St., Urbana IL 61801

Phone: (217) 333-9552