



Teacher Education University
 Office of Admissions
 1079 W. Morse Blvd., Suite B
 Winter Park, FL 32789
 1-800-523-1578
 Fax: 1-800-370-2600

Teacher Education University Application for Admission

Applicant Information

First Name	MI	Last Name	Sex	Maiden Name (optional)
Street Address			Date of Birth (mm/dd/yyyy)	
			Social Security #	
City		State	Zip Code	
Email Address				
Home Phone #		Work/Cell #	US Citizen? ____Yes ____No If No, country of citizenship:	

List chronologically, all post-secondary educational institutions attended or currently attending.

School Name	Location	Dates Attended	Degree Received	GPA

Honors and/or Awards Received:

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Employment History

Employer	City/State	Dates Employed	Position Held

Activities: Any Community or School Service Involvement

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The Following Information is Optional and is strictly for institutional research purposes.

Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Other		
Marital Status:	<input type="checkbox"/> Married		<input type="checkbox"/> Single	

Intended Program of Study (check one)

Master of Arts in Education: Concentration in Instructional Strategies

Master of Arts in Educational Leadership

Master of Arts in Educational Technology

I plan to begin my program of study:

Semester (Check one)	Year: 20_____.
<input type="checkbox"/> Fall (September)	
<input type="checkbox"/> Winter (January)	
<input type="checkbox"/> Spring/Summer (May)	
My expected date of completion:	_____ month _____ year

I intend on submitting transcripts for transfer credit. Yes No

How did you learn about Teacher Education University?	<input type="checkbox"/> online
	<input type="checkbox"/> flyer
	<input type="checkbox"/> friend
	<input type="checkbox"/> TEI student
	<input type="checkbox"/> other

I hereby apply for admission to Teacher Education University. I certify that all information provided is accurate and complete. I affirm that I have received and read the Graduate Catalog and will abide by all rules and policies therein. I understand that the application fee is non-refundable and that all application materials submitted become the property of Teacher Education University and will not be returned.

Signature: _____ Date: _____.

Application Fee

This application must be submitted with a non-refundable application fee of \$50.00.

Check or Money Order enclosed

Charge \$50.00 to my:	<input type="checkbox"/> VISA
	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> Discover
	<input type="checkbox"/> American Express

Name on Card: _____.

Card #: _____.	Expiration Date (mm/yy): _____.
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CV# (last 3 digits in the signature line on the back of the card): _____.