

Teacher Education Program Application for Graduate (MAT) Students



Personal Information (PLEASE TYPE and PRINT FORM)				
Name (last, first, middle):	•	Banner ID: U00		
Local Address:		City/State/Zip:		
Permanent Address:		City/State/Zip:		
Home Phone: C	ell Phone:	Alternate Phone:		
University Email Address:	Email Address: @memphis.edu			
	Program Informat			
Are you currently admitted to the M.	AT program? Yes	□ No □		
Check one: Art K-12				
Elementary K-5				
Early Childhood PreK-3				
ESL PreK-12				
Library Information Specialist				
Music				
Physical Education K-12				
Special Education SPED Area: Interventionist K-12 Comprehensive K-12 SPED Early Childhood PreK-3				
Secondary 6 -12 Specify subject area:				

Education					
Institution	Degree	Year	GPA	Minor	

Experience Working with Children/Youth			
Check all that apply:			
Currently teaching			
Teacher Aide			
Church related teaching			
Recent and extended childcare (babysitting, daycare)			
Volunteer programs			
Tutoring adults or children			
Other:			
Explain:			
Teaching			
Are you currently a full-time teacher? Yes No			
If so, please give the name of the school district and the school you are employed with:			

Test Information				
CORE Academic Skills Scores	Praxis II Content Knowledge			
Reading:	Test Code:			
Writing:	Test Name:			
Math :				
GRE Exam:	Score:			
Please read and sign the following verification of understanding:				
I attest that all information given on this application is a true and accurate account of my current status. I give my permission for the information in this application to become part of my program records.				
Signature:	Date:			