



Certifications/Endorsements in Education
APPLICATION FOR ADMISSION

WILKES-BARRE, PENNSYLVANIA 18711
(570) 208-5991 FAX (570) 208-8027

Date received (FOR OFFICIAL USE)

Application fee of \$35.00 required (non-refundable)

To be printed or typed by the Applicant (continued on next page)

Name: _____
First Middle (maiden) Last

Present Mailing Address: _____
Number and street

City State Zip Telephone

Permanent Mailing Address: _____
(if different from above) Number and street

City State Zip Telephone

Email Address: _____

Social Security Number (U.S. citizens only): _____

Date of Birth: _____ Male: _____ Female: _____

Citizenship:
 United States Student Visa Permanent Resident
 Other (specify) Other Visa Status (specify)

Optional Data

Ethnic background (Please check only one.) Are you Hispanic or Latino? Yes No

What is your racial background? (Please check one or more.)

- American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White

Program

I am seeking admission to the following program:

Reading Specialist STEM Autism ESL Instructional Coaching

Year I wish to begin the Program: _____ Semester: Fall _____ Spring _____ Summer _____

Post-Secondary Education

List in chronological order all post-secondary institutions attended. If you are now attending college, indicate degree you expect to receive and probable date of graduation.

Undergraduate Colleges:

Name Dates of Attendance Degree and Date Received

In what field is your undergraduate degree? _____

Major: _____ Minor: _____

Graduate and professional schools:

Name _____ Dates of Attendance _____ Degree and Date Received _____

Are you certified to teach in Pennsylvania or any other state?

____ Yes _____ No

If so, indicate state and areas of certification _____

(Please enclose a photocopy of your certification.)

PPID Number _____

Recommendations

Please list two individuals you will be contacting to provide recommendations.

1. Name: _____ School/Firm: _____

2. Name: _____ School/Firm: _____

Work Experience

If you are now working part-time or full-time, state

Employer's Name: _____

Address: _____ Dates Employed: _____

Title/Primary Responsibilities: _____

Business Telephone: _____ Average Hours Worked per Week: _____

List previous employment experience below, including nature of your work, name of employer, and approximate dates of employment.

Name and Address	Primary Responsibility	Dates Employed
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date

Checklist

- ____ Have you filled out this form completely, enclosed your \$35 application fee, and signed it?
- ____ Have you enclosed a photocopy of your PA Instructional Certificate?
- ____ Have you sent your official transcripts?
- ____ Have you arranged for your two letters of recommendation to be sent?

Please return application to:

**King's College Graduate Division
133 N. River Street
Wilkes-Barre, PA 18711**