



Application for Admission to the Teacher Education Program

Name: _____ LSSU ID A
Last First M.I. Maiden/Other

Local Address: _____
Street Apt. City State Zip

Permanent Address: _____
Street Apt. City State Zip

Local/Permanent Cell Phone: _____ Phone: _____

E-mail address: _____

Academic Program

- Elementary with subject endorsement(s)
 - Major: _____
 - Two Minors: _____
- Elementary with student-centered specialty area
 - Special Education
 - Early Childhood Education
 - World Language: _____
- Secondary
 - Major: _____
 - Minor: _____

Academic Advisor(s): _____

Previous College Coursework (complete and include Transcript Request Form in packet)

Other Institutions Attended: _____

Earned Degree(s) (if any) – list degree, institution, date awarded, major/minor(s)

I hereby request admission to the Lake Superior State University Teacher Education program, and grant permission for the use of this information, required test scores and criminal disclosure documents to determine eligibility and placement in the program.

Signature Date