Juniors (Form 101) **Date: _____**

Please return to the Department of Education.

Randolph-Macon College
Application for Admission to the Teacher-Preparation Program

Overall GPA _____ Major GPA _____

Name: _____ RMC P.O. Box: _____

Cell Phone: _____

RMC E-Mail: _____ Ext. _____

Home address: _____

City, State, Zip: _____

Phone: _____ Major: _____

Advisor: _____

Education Minor: Elementary _____ Secondary _____

Related courses required to have a C- or better in all of the following (if you have not yet taken these courses, please indicate when you plan to take them):

Grades in: FYE _____ ; ENG 185 _____ ; Communications 210 or Communications 215 _____ ;

Please indicate course number: Math ( ) _____; history ( ) _____ ; ( ) _____

Standardized Tests: Please **attach photocopies** of **all relevant/required standardized tests** taken at this time. The **Education Department WILL NOT provide copies for you.**

Test	Date Taken	Score	Passed Yes/No	If Not, When
Praxis I				
Math				
Reading				
Writing				
OR				
Praxis I (Math only)				
and VCLA Reading				
and VCLA Writing				
OR				
ACT				
Math				
English				
Reading				
RVE (Elementary Only- Reading for Virginia Educators)				
VCLA				
Praxis II				
Content Area _____				

Have you ever been convicted of any violation of the law including, but not limited to, writing bad checks, theft, assault, possession, etc. or violations that may be considered traffic-related such as reckless driving, driving under the influence or driving while intoxicated, etc., any misdemeanors and/or felonies?

____ YES ____NO

Have you been convicted (as guilty or not innocent, or a determination of abuse or neglect founded against you) of any offense involving moral turpitude, the sexual molestation, physical or sexual abuse or rape of a child, or any like offense against an adult?

____ YES ____NO

If you answered YES to the previous question, please explain: _____

_____

_____

Other Information:

a. Please attach a **hand written** statement, which discusses the reasons you have chosen to apply for the teacher preparation program and to prepare for a career as a teacher. Include any/all background experience related to teaching.
b. Have the attached departmental recommendation form completed. Ask for form to be returned by the chair of the department or your department advisor and returned to the Education Department. (Form 102)

   Do you give the Education Department permission to request and review your transcripts and college judicial records (however, this does not include access to academic integrity records)?

   _____ yes _____ no ____

Form 102

Randolph-Macon College
Education Department

Candidate's Name: _____ Major: _____

This form is to be completed by the chairman of the department (or designee) in which the student is a major.

Please evaluate student with regard to his/her application for admission for:

_____ Admission into the teacher-preparation program (junior year; March 1)

_____ Admission into student-teaching (senior year; November 1)

Based on the experience of the department with this student, please evaluate the student as compared to other majors within the department with regard to the following:

	Exceptional	Above Average	Average	Below Average	Unsatisfactory	Not Applicable
1. General intellectual ability	5	4	3	2	1	NA
2. Academic achievement in the major	5	4	3	2	1	NA
3. Dependability	5	4	3	2	1	NA
4. Initiative	5	4	3	2	1	NA
5. Cooperativeness	5	4	3	2	1	NA
6. Industriousness	5	4	3	2	1	NA
7. Tactfulness	5	4	3	2	1	NA
8. Judgment	5	4	3	2	1	NA
9. Caring disposition	5	4	3	2	1	NA
10. Attendance and punctuality	5	4	3	2	1	NA
11. Attitude towards constructive suggestion	5	4	3	2	1	NA
12. Rapport with peers	5	4	3	2	1	NA
13. Rapport with faculty	5	4	3	2	1	NA

This student demonstrates:

_____ Outstanding promise as a teacher _____ Above average promise as a teacher

_____ Average promise as a teacher _____ Below average promise as a teacher

Insofar as you know, is there any other factor or circumstance likely to be detrimental in any way to the student's teaching effectiveness? _____ Yes _____ No

(Continued on back)

Please use the space below for your general comments or recommendations.

Signature: _____
Department Chairperson (or designee)

Date: _____

Form 102 (page 2)