

**GEVIRTZ GRADUATE SCHOOL OF EDUCATION
PREPROFESSIONAL TEACHER EDUCATION**

PROGRAM APPLICATION

Please return this form to the Preprofessional Education Program in Teacher Education Program Office
Contact TEP at (805) 893-2084 or jheadley@education.ucsb.edu if you have questions.

Applicant's Name: _____

E-mail: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Program (CTFMS, America Reads, etc., if applicable): _____

Academic Major: _____ Expected date of completion: _____

Elementary or Secondary: _____ Languages spoken: _____

PREPROFESSIONAL EDUCATION PROGRAM AGREEMENT

The following is to be read and signed by all applicants to the UCSB Preprofessional Education Program.

In entering the Preprofessional Education Program, I understand that I must accept full responsibility for following the directions of my supervising teacher and assisting with his/her students.

If for any reason I cannot attend school on a scheduled day, I am expected to notify my supervising teacher directly. If it becomes a hardship for me to honor my commitment for a term/quarter, I will notify my supervising teacher and the principal. I understand that my Preprofessional Education Program experience is not considered completed until I have turned in the required forms.

The Preprofessional Education Program experience is a basis for admission to many credential programs. I understand that my performance in the Preprofessional Education Program will be considered as part of an application to the Teacher Education Program at UCSB.

I am responsible for making copies of all required paperwork before a copy with the original signatures is turned in to the Preprofessional Education Program office. The Preprofessional Education Program office will not make copies for students.

The Preprofessional Education Program file of documentation for each student/participant will be kept for five years.

Signature: _____ Date: _____