



Graduate College of Education
 Teacher Preparation
 University of Massachusetts Boston
 100 Morrissey Blvd.
 Boston, MA 02125-3393

TEACHER LICENSURE FOR UNDERGRADUATES
APPLICATION

Please complete all sections:

Last	First	M.I	Student ID
- -		/ /	M F
Social Security Number		Date of Birth (for Licensure Purposes)	
Street Address			
City		State	Zip
Phone		Email	

Ethnic Origin (Please circle): White (Not of Hispanic Origin) Black (Not of Hispanic Origin) Hispanic
 Asian/Pacific Islander Native American/Native Alaskan Cape Verdean

What is your major (or intended major)? _____

Please select the area of licensure that you wish to pursue (please circle):
(Please note: Students pursuing Middle School or Secondary School licensure must major in the subject they wish to teach)

Early Childhood Elementary Middle School (5-8) Secondary School (8-12)

Please submit the following documents with your application:

- ◆ **A personal statement** (7-10 typed paragraphs) in which you address the following:
 - a) Discuss your reasons for considering teacher as a profession;
 - b) Briefly describe any experiences you have had working with children or adolescents;
 - c) Describe in some detail what you believe to be an important contemporary issue facing education in our society.
- ◆ **At least one letter of reference:** A letter from those who can address your potential as an educator. Letters should include comments about character, work ethic, academic abilities, and interpersonal skills.
- ◆ **An up-to-date copy of your Degree Audit and Unofficial Transcript**
- ◆ A photocopy of your results from the Communication and Literacy of the MTEL (optional, but highly recommended)

Please submit completed application to: Teacher Advising Office, W-1-77U (Graduate College of Education)