

# Education Licensure Application



You're more than your test scores. We look at a broad profile of prospective students, including everything from transcripts to attitudes. If you can prove your passion, you're halfway there. Please follow these instructions to complete the application process for admission to our post-degree teacher education licensure programs.

Complete this application and submit it with your \$25 non-refundable application fee to:

**Adult and Graduate Education  
Capital University  
1 College and Main  
Columbus, OH 43209-2394**

Forward official transcripts of all previous undergraduate coursework to the Adult and Continuing Education program at the address listed above.

For information about the Free Application for Federal Student Aid (FAFSA) and other available financial aid, contact Capital's Financial Aid Office at 614-236-6511. Your application for financial assistance will not influence the admission decision.

**Questions? Contact 614-236-6996 or [adult-grad@capital.edu](mailto:adult-grad@capital.edu)**

## Enrollment Plans

Desired admittance date  Fall 201 \_\_\_\_  Spring 201 \_\_\_\_  Summer 201 \_\_\_\_

Previous enrollment at Capital University? Yes  No  If yes, when? \_\_\_\_\_

Have you submitted or will you submit the Free Application for Federal Student Aid (FAFSA)? Yes  No

## Personal Information

Please print or type.

Title Mr.  Ms.  Mrs.  Dr.  Gender M  F

Name \_\_\_\_\_  
*First Middle/Maiden Last and Suffix, if applicable (Jr., III, etc.) Nickname*

Home address \_\_\_\_\_ Apartment No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you a U.S. citizen? Yes  No

If you are not a U.S. citizen, are you a permanent resident? Yes  No  If yes, alien registration # \_\_\_\_\_

Birth location (city, state/province) and country \_\_\_\_\_

Name of emergency contact \_\_\_\_\_  
*First Middle Last and Suffix, if applicable (Jr., III, etc.)*

Phone of emergency contact \_\_\_\_\_ Relationship to emergency contact \_\_\_\_\_

Are you Hispanic or Latino? Yes  No

Regardless of your answer to the prior question, please check one or more of the following ethnic groups that you consider yourself:

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

Religious affiliation *(Optional – Religion information is requested by the Evangelical Lutheran Church in America and used for statistical purposes only.)*

Lutheran (ELCA)  Lutheran (LCMS)  Lutheran (Other)  Non-Lutheran

If Lutheran, name, city and state of church \_\_\_\_\_

### Employment

Employer name \_\_\_\_\_ Job title \_\_\_\_\_

Employer address 1 \_\_\_\_\_ Business email \_\_\_\_\_

Employer address 2 \_\_\_\_\_ Business phone \_\_\_\_\_

Employer city \_\_\_\_\_ Employer state \_\_\_\_\_ Employer ZIP \_\_\_\_\_

### Educational Information

Colleges or Universities Attended – List in chronological order all colleges you have attended. Official transcripts of all previous college education must be submitted before admission can be considered.

Dates of Attendance	Name & Address of Institution	Degree/Credit Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Academic Plan

Academic Program Education Licensure (initial)  Education licensure (second)  Education licensure endorsement

Have you previously applied to Capital University? Yes  No  If yes, month and year of previous application \_\_\_\_\_

Do you plan to apply for financial aid? Yes  No

Have you been dismissed from a teacher education program? Yes  No

Do you have an Ohio teaching license? Yes  No

If yes, please provide the license number \_\_\_\_\_ Is it current  or expired ? Expiration date \_\_\_\_\_

## Capital's Licensure Program

What is your primary reason for wanting to teach?

What are some characteristics you think make a good teacher and which of those do you possess?

Why have you chosen Capital University to complete your licensure program?

## References

Please list three professional references who may be contacted.

**Reference 1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Organization/Business \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Reference 2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Organization/Business \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Reference 2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Organization/Business \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## Personal Statement

If there has been a gap in your education or you would like to share additional information with the Admission Committee, please attach a personal statement.

## Disciplinary History

1. Have you been suspended, expelled or had disciplinary action brought against you at any high school or college/university? (Disciplinary action includes any probation, suspension, removal, dismissal, suspension or expulsion as a result of any academic or behavioral misconduct.) Yes  No
2. Have you ever been convicted of or pleaded guilty to a felony? Yes  No

If you answered yes to either question above, please explain.

If you answered yes to either question above, please give the approximate date of each incident, explain the circumstances and reflect on what you learned from the experience.

## Additional Information

Include any additional information you feel would be helpful in the review of your application.

*Capital University is committed to challenging students and creating a personalized learning environment that is free from prohibited discrimination and harassment. The University prohibits discrimination on the basis of race, color, religion, national and ethnic origin, sexual orientation, class, sex and gender, age, disability, veteran status, or any other characteristic protected by law, and admits qualified students to all the rights, privileges, programs, and activities generally accorded or made available to students.*

*I certify that all of the information submitted in the application is my own work, true and correct to the best of my knowledge. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false. I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based. In addition, I acknowledge that the University reserves the right to withdraw offers of admission if applicants fail to satisfy all requirements; if it is determined that admission was obtained through the use of falsified, altered, or embellished information; if there is a substantial drop off in academic performance; or if there is a change in disciplinary status after the time of application including engaging in behavior that is deemed incompatible with positive contributions to the campus environment (such as safety concerns, violence, threats, etc.). Finally, I understand the University may revoke my admission if it determines that I have engaged in conduct that it deems unbecoming of an applicant or student, including conduct of a criminal nature, even if the conduct does not result in a conviction.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Capital**  
University

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