



INDIANA UNIVERSITY
SCHOOL OF EDUCATION
Office of Teacher Education
Bloomington

Intra-campus Application for Certification to the School of Education

NOTE: You are applying **only** to certify to the School of Education and **not** for admission to the Teacher Education Program (TEP). You must meet program-specific requirements for admission to the TEP in order to receive permission to enroll in authorized courses.

Name: _____ ID#: _____

IU E-mail: _____

Certification Term: Fall Year: _____ Spring Year: _____ Summer Year: _____

Indicate your intended education program:

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Biology/Life Science | <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Journalism | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> English/Language Arts | <input type="checkbox"/> Latin | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese (Cert Only) | <input type="checkbox"/> French | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Special Ed-Elementary |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> German | <input type="checkbox"/> Physics | <input type="checkbox"/> Special Ed-Secondary |
| <input type="checkbox"/> Earth/Space Science | <input type="checkbox"/> Japanese (Cert Only) | <input type="checkbox"/> Russian | <input type="checkbox"/> Visual Arts |

If you are pursuing a secondary or all-grades program, indicate which curriculum you will be following:

- Anchor Community of Teachers (CoT)

If you plan on pursuing a license addition, indicate it below:

- | | | | |
|--|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Computer Educator | <input type="checkbox"/> Journalism | <input type="checkbox"/> Reading | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> English as a New Language | <input type="checkbox"/> Math | | |

If you plan on pursuing an academic minor or certificate, list it here: _____

I hereby apply for certification to the School of Education.

Signature: _____ Date: _____

Print the form, sign it, and deliver to the Assistant Recorder, Office of Teacher Education, ED 1000.

Office Use Only

Entered in SIS by: _____ Date: _____