



Application for Upper-Level Teacher Education Course Exchange

Please print legibly.

Completed applications should be submitted to the applicant's home director of teacher education.

Mr.
Miss
Mrs.
Ms. _____

Full name _____ Home institution _____

Home institution ID number _____ Anticipated date of graduation (mm/dd/yyyy) _____

Declared or proposed major(s) _____ Declared or proposed minor(s), if any _____

Current college mailing address, city, state, zip _____ Parent(s) or guardian(s) name _____

Current local/cell phone number(s) _____ Parent or guardian address, city, state, zip _____

Current college email address _____ Parent or guardian phone number(s) _____

Current home institution faculty adviser(s) full name(s) _____

Date of Birth (mm/dd/yyyy): _____ Cumulative GPA: _____

Grade in Foundations of Education (200): _____ Term & Year Foundations (200) was taken: _____

1. Please check endorsement area(s) sought:

Elementary Education (both)	Secondary Education (W&L only)	PreK-12 Endorsement Areas
<input type="checkbox"/> PreK-6	<input type="checkbox"/> Algebra I, add on	<input type="checkbox"/> Latin (W&L only)
	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Music Ed.:Instrumental (both)
Middle Education (W&L only)	<input type="checkbox"/> English	<input type="checkbox"/> Music Ed.:Vocal (W&L only)
<input type="checkbox"/> Mathematics	<input type="checkbox"/> History & Social Sci.	<input type="checkbox"/> Theater Arts (W&L only)
<input type="checkbox"/> English	<input type="checkbox"/> Journalism, add on	<input type="checkbox"/> Visual Arts (W&L only)
<input type="checkbox"/> History and Social Sciences	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Foreign Lang.:French (W&L only)
<input type="checkbox"/> Science	<input type="checkbox"/> Science: Biology	<input type="checkbox"/> Foreign Lang.:German (W&L only)
	<input type="checkbox"/> Science: Chemistry	<input type="checkbox"/> Foreign Lang.:Spanish (both)
	<input type="checkbox"/> Science: Earth Science	
	<input type="checkbox"/> Science: Physics	

2. Attach a one-page typed statement explaining your interest in education and your plans for teaching, and set up an appointment for an interview with the Director of Teacher Education at your home institution (see the list on the next page).
3. List the names of the two non-education faculty and one education faculty at your home institution who will be completing and submitting your references.

4. How did you first hear of the RTEC Program? (admissions, course catalog, classmate, etc.)

SIGN AND DATE THE FORM ON THE NEXT PAGE AND SUBMIT TO THE DIRECTOR OF TEACHER EDUCATION

I understand that, by submitting this application, I am agreeing to the following:

- This directory information may be released according to the host institution's policy.
- I will not be admitted as a degree-seeking transfer student by another RTEC institution.
- I am giving my permission for transfer of my academic and conduct records and relevant medical records between the appropriate individuals at all three institutions.
- I must maintain a cumulative grade-point average of 2.500 or better in order to remain eligible for this exchange program.
- All courses are subject to the availability and approval of the home and host institutions.
- I am accountable to follow all rules and regulations of the host institution, including the respective honor and student-conduct systems and those governing academic integrity, registration, attendance, and withdrawal.

Applicant's signature _____ **Date** _____

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I have reviewed the applicant's proposed courses, find them appropriate to our degree requirements and teacher education program of study, and certify that the appropriate prerequisites have been met.

**Home Teacher Education**  
**Director signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Assigned RTEC Faculty Adviser: \_\_\_\_\_

**Submit this form to the Director of Teacher Education at your home institution.**  
**The Registrar's signature will be added if and when your application is approved.**  
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Home Registrar _____ **Date** _____

A photocopy of the completed form and an official transcript is sent by the home registrar to the other institution's registrar.

Directors of Teacher Education

Southern Virginia	Professor Kim Kearney kim.kearney@svu.edu	261.8542	fax: 458.8498	Durham Hall 206
Washington and Lee	Professor Lenna Ojure ojurel@wlu.edu	458.8249	fax: 458.8498	Newcomb Hall 109

Registrars

Southern Virginia	Ms. Whitney Larsen whitney.larsen@svu.edu	261.4343	fax: 261.4245	Main Hall
Washington and Lee	Mr. Scott Dittman sdittman@wlu.edu	458.8455	fax: 458.8045	Early-Fielding

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