

COLLEGE OF EDUCATION APPLICATION INITIAL CERTIFICATION PROGRAMS

Name_ (Include n	niddle initi	ial)	Aurora University ID #
Address			Date of Birth
City State Zip			Ethnicity
Gender	:	_MaleFemale	
Home I	Phone _	Cell Phone	Email
Previou	ıs Colle	ges attended (if applicable):	
AU MA	-	Elementary EducationSecondary Education: Area of ConcentrationSpecial EducationPhysical Education, K-12	UndergraduateMAT CertificationMA Special Ed Cert
Have y	ou pass	ed the State of Illinois Basic Skills Test? Yes / No	Please provide date test was taken
		CRIMINAL BACKGROUNI) INVESTIGATION
to the I execute College crimin	llinois I e any for e of Edu al back pration	Department of Law Enforcement for the purpose of rms required by said department for such purpose. ucation and/or a teaching certificate if any of the ground investigation. Make check payable to Auro Room 222.	nereby authorize Aurora University to forward my name conducting a criminal background check and agree to I understand that I may be denied admittance to the following conditions apply. I agree to pay \$40 fee for ora University. Pick up form at the AU Institute for
Attach Yes	written No	explanation for yes answers. Have you ever had a certificate denied, suspended	for revoked in Illinois or any other state?
Yes	No		sex, narcotics or drug offense in Illinois or any other
Yes	No	Have you ever been named by a state agency	responsible for child welfare as a perpetrator in an ach report was not reversed after exhaustion of any
The results of the Criminal Background check may be sent to school districts who agree to place you in clinical experiences.			
-		PHYSICAL AND EMOTI	ONAL HEALTH
Please note any physical or emotional health issues that you feel we should be aware of should an emergency arise:			
Please be aware that you <i>must</i> report any communicable diseases (TB, HIV, etc.):			
		AFFIRMATION	V
I hereby certify that the information given by me on this application is true and complete. I understand that failure to provide accurate information is cause for removal from the program.			
Date		Signature of Applicant	