APPLICATION FOR

CA Clear Induction Credential Program for Holders of a CA Preliminary Credential

Including Single Subject, Multiple Subject and Education Specialist: Mild to Moderate

UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.

1530 Concordia West, Irvine, CA 92612-3203
Phone/Fax: (949) 214-3338
E-mail: education@cui.edu
WWW.CUI.EDU
Please send application form and requested items to:
Attn: School of Education
Clear Induction Program
Concordia University
1530 Concordia West
Irvine, CA 92612-3203

To complete your admission file we will need:
1. Two official college transcripts showing Bachelor’s degree posted
2. $50 non-refundable application fee
3. Two References (PDF) from professional sources (Candidates must use the form provided by Concordia)
4. TB report current within six months
5. Copy of valid CA Preliminary Credential
6. Proof of full time employment as Teacher of Record (Copy of contract or Hire Letter)

Please PRINT or type

Applicant’s name _____________________________________________________________
Last __________ First __________ Middle __________ Maiden _______________________
Social Security No. _______ – _______ – _______ Semester you plan to enroll at Concordia: Summer _____ Fall _____ Spring _____

PRESENT MAILING ADDRESS
Street __________________________________________ City __________ State ______ Zip _______

PERMANENT HOME ADDRESS If different from above, specify dates mail should go to this address: _____/_____/____ to _____/_____/____
Street __________________________________________ City __________ State ______ Zip _______
Home phone: (______) _____ - _______ Facebook Email: ______________________________
Cell phone: (______) _____ - _______ Twitter Username: ______________________________
E-mail address: ________________________________________________________________

Please list the best email address for electronic communication between you and the university.

PERSONAL BACKGROUND
Date of birth _____/_____/____
Month Day Year
Sex:     Male     Female     Citizenship:     USA     Permanent resident     Other country ________________
(Please request an International Student Application.)

Have you been found guilty, been adjudicated guilty, or otherwise been convicted of a crime in any court? (excluding minor traffic violations)
         Yes         No
If you answered yes to either question above, please attach a full description including date(s) and disposition of case.

RACE/ETHNICITY
Do you consider yourself to be Hispanic/Latino?
         Yes         No
In addition, please select one or more of the following racial categories to describe yourself:
         American Indian or Alaskan Native     Vietnamese     Mexican     White or Caucasian
         Asian Indian     Japanese     Cuban
         Black or African American     Korean     Puerto Rican
         Native Hawaiian or Pacific Islander     Chinese     South or Central American
         Filipino     Other Asian     Other Hispanic or Latino

PROGRAM APPLYING FOR
         Clear Induction Credential Program: Single Subject     Clear Induction Credential Program: Multiple Subject
         Clear Induction Credential Program: Education Specialist
RELIGIOUS AFFILIATION

- [ ] Lutheran Church – Missouri Synod
- [ ] Baptist
- [ ] Evangelical Lutheran Church of America
- [ ] Catholic
- [ ] Non-Denominational Christian
- [ ] Methodist
- [ ] Presbyterian
- [ ] None
- [ ] Other _______________

Congregation name ____________________________________________________________
Pastor’s name ______________________________________________________________

City __________________________ State ________ Zip ______________ Phone ( ) ______________

PREVIOUS EDUCATION

1. College/University Name ____________________________________________________________
   Dates attended ___________________________ Units completed at the time of application __________
   Degree and Date Received ___________________________ Cumulative GPA (based on a 4.0 scale) __________

2. College/University Name ____________________________________________________________
   Dates attended ___________________________ Units completed at the time of application __________
   Degree and Date Received ___________________________ Cumulative GPA (based on a 4.0 scale) __________

3. College/University Name ____________________________________________________________
   Dates attended ___________________________ Units completed at the time of application __________
   Degree and Date Received ___________________________ Cumulative GPA (based on a 4.0 scale) __________

   (List additional schools attended on a separate sheet.)

TEACHING CREDENTIALS

- [ ] CA Preliminary
  - [ ] Yes
  - [ ] No

  Credential Status: [ ] Current [ ] Expired

  Other State(s): _____________________________ Credential Expiration Date: ________________

NONTDISCRIMINATION POLICY

Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

CERTIFICATION

I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

Applicant’s signature ___________________________ Date __________