

## *TCSJ Program Application*

### 1. PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden or Prior Last Name: \_\_\_\_\_

Address (street/apt/unit): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN#: \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ethnic Origin:</b>					
<input type="checkbox"/> White/Non-Hispanic	<input type="checkbox"/> Am. Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino			
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Decline to State			

Employment District: \_\_\_\_\_ School: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_ Other: \_\_\_\_\_

Are you currently enrolled in the IMPACT Program?  Yes  No

Are you a graduate of the IMPACT Program?  Yes  No

<b>How did you hear about our program (check):</b>		<input type="checkbox"/> District / School	<input type="checkbox"/> Billboard Ad
<input type="checkbox"/> Recruitment Event	<input type="checkbox"/> TCSJ Student/Alumni	<input type="checkbox"/> A Colleague: _____	
<input type="checkbox"/> TCSJ Website	<input type="checkbox"/> Other (briefly explain): _____		
<b>Did you attend a TCSJ Informational Meeting (check):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

### 2. PROGRAM CHOICES *Which program are you applying for?*

M.Ed. Early Education

M.Ed. Educational Inquiry

M.Ed. STEM - Science, Technology, Engineering and Math

M.Ed. STEM - Science, Technology, Engineering and Math w/Mathematics Instructional Added Authorization

M.Ed. Special Education

M.Ed. Educational Leadership and School Development

M.Ed. Educational Leadership and School Development w/Administrative Services Credential

Administrative Services Credential without Masters

**To begin: (enter year)** \_\_\_\_\_

APPLICANT FIRST AND LAST NAME: \_\_\_\_\_

\_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring

**3. ATTACHMENTS** *Applications must include the following:*

- Letter of Candidate Introduction
- Application
- Official Transcripts with BA/BS/Credentials posted
- Two recommendation forms, one of which must be completed by current employer
- Emergency Contact Form
- \$50 non-refundable application fee
- *Administrative Services Credential Candidates only:*
  - Signed Site Administrator Approval Form
  - Verification of Experience
  - \$200 Non-refundable cohort enrollment deposit due at advisement. Upon successful completion of the program, the cohort enrollment deposit will be applied to the candidate's current tuition obligation.

**Colleges and/or Universities Attended:**

*Official Transcripts must be attached for all institutions listed.*

Name of Institution	Dates of Attendance	Major	Degree

*Attach separate sheet if needed.*

**Credentials:**

Type	Name of Institution or Credential Program

**Letter of Candidate Introduction (no more than 2 pages)** *This letter is your opportunity to introduce yourself to the selection committee. What qualities do you possess that make you a good candidate for Teachers College of San Joaquin graduate school? What set of experiences do you bring to this work? How can you contribute to meeting our mission? In short, why do you want to be a part of this program?*

APPLICANT FIRST AND LAST NAME: \_\_\_\_\_

**Application Fee** *Applications must be accompanied by a \$50.00 check made payable to SJCOE. Cash will be accepted only if paid in person. Waived for IMPACT Candidates.*

**Recommendation Forms** *Candidates must submit two completed recommendation forms in sealed, signed envelope. One recommendation must be completed by the applicant's current employer. Recommendation Forms are attached to the application packet. **I understand that these recommendations are confidential and will not be available to me.***

I certify that the information given in this application is complete and accurate. I understand that making false and fraudulent statements within this application could result in denial of admission, disciplinary action, and invalidation of units or credentials and/or degrees earned. Should there be any change in the substance of the information I have given here, I will immediately notify the Graduate Studies Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TCSJ Mission**

To develop a workforce of teachers and school leaders who are comfortable with collaboration, understand the need to prepare students for both work and higher education and have the skills to develop, implement and sustain innovative educational ideas.

TCSJ exemplifies the notion of learning opportunities that are rigorous, provide relevance, are relationship-driven and incorporate reflection for professional growth.

**TCSJ Admissions**

P.O. Box 213030 Stockton, CA 95213-9030  
Office: (209) 953-2114 – Fax: (209) 468-9124

[www.teacherscollegesj.edu](http://www.teacherscollegesj.edu)

Submit your application with all required documentation to this mailing address

APPLICANT FIRST AND LAST NAME: \_\_\_\_\_

**Thank you for taking the time to assist us with selecting the best possible candidates for Teachers College of San Joaquin. Please complete this form, place in a sealed envelope with your signature across the seal and return to the applicant to include with his/her TCSJ application. Your responses will be kept confidential.**

### Recommendation Form

<i>This Candidate...</i>	Extraordinary Top 5%	Good Top 15%	Fair Top 40%	Doubtful	Needs Development	No Basis for Judgment
Demonstrates professional ethics and integrity						
Demonstrates emotional maturity						
Articulates beliefs in a respectful, professional manner						
Respects diversity						
Collaborates						
Is able to self-monitor participation in group discussions						
Is able to question current assumptions						
Is comfortable with opinions different than his/her own						
Is committed to innovative teaching and learning						
Has the organizational skills needed to complete more than one task at a time						
Has the education and experience to succeed in a rigorous graduate school						
Demonstrates leadership						
Is persistent; finishes what is started						
Could be described as a problem-solver						
Is able to communicate ideas in writing						
Is a self-starter						

*Please use the space below to elaborate on any of the ratings provided above or for any additional comments you would like to make regarding this candidate's potential for success in the TCSJ Graduate School of Education.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Daytime Phone

I am the applicant's current employer.

APPLICANT FIRST AND LAST NAME: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Daytime Phone

I am the applicant's current employer.

## Emergency Contact Form

### **Candidate Personal Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

### **Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone (including area code): \_\_\_\_\_

Home Phone (including area code): \_\_\_\_\_

Work Phone (including area code): \_\_\_\_\_

### **Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone (including area code): \_\_\_\_\_

Home Phone (including area code): \_\_\_\_\_

Work Phone (including area code): \_\_\_\_\_

### **Contact #3**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone (including area code): \_\_\_\_\_

Home Phone (including area code): \_\_\_\_\_

Work Phone (including area code): \_\_\_\_\_