



COLLEGE OF EDUCATION
APPLICATION
INITIAL CERTIFICATION PROGRAMS

Name (Include middle initial)

Aurora University ID #

Address

Date of Birth

City State Zip

Ethnicity

Gender: Male Female

Home Phone Cell Phone

Email

Previous Colleges attended (if applicable):

AU MAJOR: Elementary Education, Secondary Education: Area of Concentration, Special Education, Physical Education, K-12, Undergraduate, MAT Certification, MA Special Ed Cert

Have you passed the State of Illinois Basic Skills Test? Yes / No Please provide date test was taken

CRIMINAL BACKGROUND INVESTIGATION

In accordance with section 10-21.9 of the Illinois School Code, I hereby authorize Aurora University to forward my name to the Illinois Department of Law Enforcement for the purpose of conducting a criminal background check and agree to execute any forms required by said department for such purpose. I understand that I may be denied admittance to the College of Education and/or a teaching certificate if any of the following conditions apply. I agree to pay \$40 fee for criminal background investigation. Make check payable to Aurora University. Pick up form at the AU Institute for Collaboration Room 222.

Attach written explanation for yes answers.

- Yes No Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?
Yes No Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?
Yes No Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?

The results of the Criminal Background check may be sent to school districts who agree to place you in clinical experiences.

PHYSICAL AND EMOTIONAL 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 must report any communicable diseases (TB, HIV, etc.):

AFFIRMATION

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