



316 Washington Avenue
Wheeling, WV 26003
(304)243-2250
1-800-873-7665



(for office use only) Date App. Received _____ Date App. Fee Paid _____

APPLICATION FOR ADMISSION ACCELERATED CERTIFICATION FOR TEACHERS (ACT) PROGRAM ADULT EDUCATION

Date _____

CIRCLE ONE:

Mr.

Ms.

Mrs.

First Name

Middle Initial

(Birth Name)

Last Name

Address _____

No. & Street

City

State

Zip

Telephone: Home (____) _____ Work (____) _____

Email Address _____

Employer _____

Date of Birth ____/____/____ Place of Birth _____

Month Date Year

City & State

____-____-____ Marital Status _____

Social Security Number

Religion _____ Race/Ethnicity _____ Citizenship _____

(Responses helpful for Federal and Wheeling Jesuit University statistics)

COLLEGES ATTENDED	LOCATION	DATE	DEGREE/DIPLOMA	MAJOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHECK ONE:

ACT Certificate Add on Endorsement

ACT Sequence begins in Spring Semester

Semester Entering (check one and fill in year) Fall 20____ Spring 20____ Summer 20____

Please Check the Concentration you plan to pursue:

<input type="checkbox"/> Biology	<input type="checkbox"/> French	<input type="checkbox"/> General Science	<input type="checkbox"/> Chemistry
<input type="checkbox"/> Spanish	<input type="checkbox"/> English	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Physics
<input type="checkbox"/> Social Science – History/ Political Science	<input type="checkbox"/> Special Education – Multi-Categorical		

If you are currently teaching in a Secondary School System please indicate your status:

- _____ Emergency Permit/Provisional Licenses
- _____ Substitute Teacher
- _____ Parochial/Private School Teacher
- _____ Licensed Teacher Seeking Add-On Endorsement
- _____ Other

School(s) you are currently teaching in:

Name	Address	County	State
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Principal's Name	Content/Grade Taught
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If you are not currently teaching in a Secondary School System please use this space to describe your teaching experience elsewhere:

Organization	Address	County	State
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Content/Ages Taught

Please check one or two factors listed below which influenced your decision to apply to Wheeling Jesuit University:

- | | | | |
|-----------------------|-------------------------------|----------------------------|---------------|
| _____ Employer | _____ WJU Recruiter | _____ College Publications | _____ Alumni |
| _____ Radio | _____ Television | _____ Newspaper | _____ Friend |
| _____ Current Student | _____ Family Member | _____ Teacher | _____ Website |
| _____ Superintendent | _____ Department of Education | | |
| _____ Other | | | |

FINANCIAL ASSISTANCE:

- I PLAN TO APPLY FOR FINANCIAL ASSISTANCE (Federal Stafford Loan or Private Alternative Loans). Review the Wheeling Jesuit University's ACT brochure on financial aid, or contact the Wheeling Jesuit University Office of Financial Aid at (800) 873-7665.

Full-time (12 hours) or part-time (6 hours) applicants requesting Federal financial assistance must complete the Federal Application for Student Aid (FAFSA) and request that Wheeling Jesuit University (code # 003831) receive the results. This form may be completed online at www.fafsa.ed.gov. Applicants not wanting Federal assistance, but requesting Alternative Loans through a private lending institution may contact the Financial Aid Office for more information on loans available.

I certify that the information, which I have given, is true to the best of my knowledge.

Applicants Signature

Date

Wheeling Jesuit University does not discriminate on the basis of race, creed, color, national origin, handicap or sex in the consideration of eligible students for admission, scholarships, awards and financial aid.