# APPLICATION for 2026-28 MASTER of ARTS in TEACHING - LICENSURE PROGRAM

Return completed application to: Applications Coordinator - School of Education - Southern Oregon University (SOU) 1250 Siskiyou Blvd., Ashland, OR 97520 **OR** Email to caster@sou.edu

☐ Multiple Subject ☐ Single Subject Secondary E Refer to	(Please list Subject/E cts (Elementary) (Secondary) ndorsement: <a href="https://sou.edu/acader">https://sou.edu/acader</a> ement areas and prere	mics/education/	·	- naster-arts-teac	ning-mat/#toggle-	<u>id-1</u> for list	of
	about the MAT Progran				Advisor	Other (Sp	pecify)
	nployee of a school distr			• • –	ion college goer?		No No
				ou u mot gomeru			
Last Name		First Name	MI	Preferred N	ame	Former N	lame
Current Mailing Ad	dress - Number and Stre	eet			E-mail ad	ddress	
City	State	Zip Code			Phone		
SOU ID#		Date	of Birth		Gender		_
Permanent Addres	s - Number and Street State	Country (if not	IIS)	Zip Code	Phone		
Oity	Otate	Country (ii flot	0.0.)	Zip code	THORE		
linguistically diverse	Education Office require e backgrounds <b>. Is your</b> h <b>at apply</b> : □ Hispanic/La or other Pacific Islander	first language s atino □ America	something of	t <b>her than Englis</b> Alaskan □ Asi	sh: Yes □ No □		·
Bachelor's De Granting Insti Address of Gr	•	itate):					
	te of Completion:						
	Be sure official	transcripts hav	ve been sent	t to the SOU Ad	missions office.		
Pa	respond to the following by attention to fundamen bughtfulness will be valu	tals of style as w					
Prompt I	Describe the personal	strengths that y	ou believe w	ill help you beco	me an effective edu	ucator.	
Prompt II	Describe a challenging envision drawing upor					ssroom. Exp	olain how you

Describe what it means or looks like to teach all students one might have in a given classroom.

Prompt III

of students wl acceptable bu supervisors' n	ho are in the age ranq ut <b>experiences in Pu</b>	ge you wish to teach. Wo blic Schools are prefer supervisor may not be a ence.	ork with organized progr <b>red.</b> These may be ser	successful experiences working w rams offered by social agencies is nt under separate cover. List the nat while one-on-one tutoring is va	S
Nam	es of supervisors:	1		2	
	es of experiences:				
1 900	о от охронопосо.				
V. Character Qu	uestions: (Answer all	questions and sign.)			
following set of chara	cter questions. Answ S" to question #9, 1	ver each character quest <b>0, or 11, attach a certif</b> i	ion with a "YES" or "NC	MAT Program, you must answer " in the blank to the left of the que purt record to this report. Explain	estion.
1. Have you ev	ver been admitted to,	but not completed, a tea	cher education progran	n at another higher education inst	itution?
review or inv	estigation of alleged		ever left educational or	nvoluntarily, while the subject of a school-related employment when	
		n inquiry, review or inves n employer or a licensure		conduct or alleged violation of pro	ofessional
4. Have you ev	ver been placed on le	ave by your employer for	any alleged miscondu	ct?	
	laced on probationary			e or charter school registration? professional license, certificate, re	
		orofessional license for w for any alleged miscond		anted a professional license on a	
7. Have you ev	ver surrendered a pro	fessional license of any	kind before its expiratio	n?	
8. Have you evenue.		oy any public agency resp	oonsible for licensure of	f any kind, including but not limited	d to
misdemeand reckless driv	or; or (c) major traffic ving; fleeing from or a	violation, including but n ittempting to elude a poli	ot limited to: driving und ce officer; driving while	ge by any court for any: (a) felony der the influence of intoxicants or your license was suspended, revo ver or witness at an accident?	drugs;
includes any				which is still pending in the courts not been dismissed by the courts	
you resulting				ed to a restraining order, entered and to a restraining order, entered and the threat	
check civil and crimina admitted to the program background by both the responses I have provi	I records to verify any m, I will be required to e Federal Bureau of I ided above. Further,	y statement made on the complete a fingerprint-l nvestigation and the Ore	character question por pased verification proce gon State Police in ord DU School of Education	e SOU School of Education permisition of this form. I understand that eas which includes a review of my er to corroborate the accuracy of may deny or revoke admission to his form.	at if I am the
Signature of applicant				Date of signature	_

IV.

Letters of Recommendation:

#### RELEASE OF INFORMATION FORM

As part of the application process for admission to the teacher education program at Southern Oregon University (SOU), I hereby authorize SOU to request, and those receiving this request, to release all information and records regarding disciplinary or behavioral matters or any information or records that might reflect on my potential as a teacher. This may include, but is not limited to, contacting:

- 1) The Dean of Students at any institutions of higher education that I have attended
- 2) Professors or instructors whom I have had
- 3) State agencies with whom I have been involved
- 4) Previous employers
- 5) Individuals cited as references in my application

I understand that SOU will use this information only as part of the application process for the Master of Arts in Teaching program and that this permission to release information will expire when the application process for the cohort to which I am applying has been completed. I further agree that the SOU School of Education has permission to reproduce this release form and send it with all requests for information.

In consideration of this consent, I hereby release the above parties from any and all liability arising therefrom.

Please print your full name here:		
Your signature:	Date:	
**Witness:	Date:	

\*\*Please make sure you have someone witness this form! The "Witness" can be anyone of your choice. The School of Education does not have to witness the signature.

#### **SOUTHERN OREGON UNIVERSITY**

# CANDIDATE'S DESCRIPTION OF PREVIOUS EXPERIENCE WORKING WITH YOUNG PEOPLE

Briefly describe your previous working experience with youth. Include instructional or classroom experience(s), practicum experience(s), paid experience(s) and volunteer experience(s). As part of the description, *briefly* describe what you learned about teaching and learning from this experience.

EXPERIENCE #1.
Dates (Duration) of the Experience:
Ages of students:
If coursework is involved, list: Course number, Title, Institution, Term/Year, Credits
EXPERIENCE #2.
Dates (Duration) of the Experience:
Ages of students:
If coursework is involved, list: Course number, Title, Institution, Term/Year, Credits

EXPERIENCE #3.
Dates (Duration) of the Experience:
Ages of students:
f coursework is involved, list: Course number, Title, Institution, Term/Year, Credits
EXPERIENCE #4.
Dates (Duration) of the Experience:
Ages of students:
.9
f coursework is involved, list: Course number, Title, Institution, Term/Year, Credits

# **MULTIPLE SUBJECTS CANDIDATES ONLY**

#### **MATHEMATICS VERIFICATION FORM**

Applicant's Name:			Date:
1. I have completed Math 21	1. 212. <b>and</b> 213	3. (See mv transcript	.)
	-,, <u></u>	(	7
2. I will complete Math 211, 2	12 and 213 <i>(I</i>	Please explain)	
	12 dia 210. (/	rougo expranty	
3. I have passed the waiver e	examination at §	SOU for:	
			(Attach verification)
Wati 211.	Mau 2 12.	IVIAUI 2 13	(Attach Vermeation)
4. I have successfully comple	eted comparable	e math courses in oth	ner colleges to meet the
requirements of:			
Math 211:	<del></del>	Math 212:	
(Attach tı	ranscript <u>and</u> ap	oproval from Math De	epartment)

# SOUTHERN OREGON UNIVERSITY SCHOOL OF EDUCATION

Letter of Recommendation for					(Applicant name)		
The entrance requirements to the <b>MASTER</b> Letters of Recommendation from <b>supervis</b> organized programs offered by social agen	ors documenting	g successful ex	periences work	ing with groups of			
TO THE REFERRER: This is a Letter of Re Program. The above named person, who is has given your name as a reference. Pleas	s applying for ad se complete and	mission to the return this forn	Master of Arts in directly to the	n Teaching Program address indicated I	m at Southern Or		
Recommender Name (Please Print):					Please returi		
Position:					commendation outhern Oregon	University	
Address:				<del></del>	School of Edu 1250 Siskiyou		
City:		State:	Zip:		Ashland OR	97520	
Signature:		Date	:		(541) 552-6	936	
PLEASE DESCRIBE THE SITUATION IN CHILDREN (include the length of time the length of	e candidate was	under your sup	pervision):				
2) PLEASE CHECK THE COLUMN THAT INDICATES YOUR ASSESSMENT OF THE APPLICANT IN THE CATEGORIES LISTED BELOW:	Unusually High	Above Average	Average	Below Average	Unusually Low	No Basis for Judgment	
Demonstration of Content Knowledge							
Enthusiasm for Teaching							
Sense of Responsibility							
Expressive Ability: Oral							
Expressive Ability: Written							
Flexibility							
Initiative							
Ability to Work with Other Adults							
Emotional Maturity							
Potential as a Teacher							
3) PLEASE INCLUDE ADDITIONAL COMM 4) DO YOU RECOMMEND THIS PERSON  TO THE APPLICANT: The Federal Family	FOR ADMISSIC	ON TO A GRAD	UATE TEACHE	ER EDUCATION PI		_YESNO	
the right to see their letter of recommendation							
I <u>DO</u> waive my right to inspect the I do <u>NOT</u> waive my right to inspe							
Printed name:	Sign	nature:			Date:		

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Recommender Name (Please Print):					Please returi	. this
Position:				re	commendation (	
Address:				s	outhern Oregon School of Edu	
Address: State:				1250 Siskiyou Blvd Ashland OR 97520		
Signature:		Date	:		(541) 552-6	936
CHILDREN (include the length of time the	e candidate was	unaer your sur	pervision):			
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Emotional Maturity						
Potential as a Teacher						
3) PLEASE INCLUDE ADDITIONAL COMM 4) DO YOU RECOMMEND THIS PERSON  TO THE APPLICANT: The Federal Family	FOR ADMISSIO	N TO A GRAD	UATE TEACHE	R EDUCATION P		_YESNO
the right to see their letter of recommendation.  I DO waive my right to inspect the	ation unless they	explicitly waive	that right. Indi			
I do <u>NOT</u> waive my right to inspe	ct the contents of	of this recomme			Data	
Printed name:	Sign	nature:			Date:	