



APPLICATION FORM TRANSITION TO TEACHING

Submission of this form is required as part of your application to the Transition to Teaching program through the University of Dayton. This application will also serve as your application for admission into the University of Dayton Graduate School. Please type or print neatly in blue or black ink and complete the entire form. Be sure to sign and date the form at the bottom of page two.

Please submit this to:

**Transition to Teaching Program
University of Dayton—Columbus Center
936 Eastwind Drive, Suite 100
Westerville, OH 43081**

Date: _____

APPLICANT PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Maiden Name (if applicable): _____ Date of Birth: ____/____/____

Social Security Number: _____ (required, applications are kept in a secure location.)

APPLICANT CONTACT INFORMATION

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Mobile (cell) Telephone: _____

Work Telephone: _____

Email Address: _____

(It is important to provide an email address that you access frequently. All communication is done through email.)

EMPLOYMENT INFORMATION

Are you currently employed? YES NO

Current Employer: _____

Current Job Title: _____

Length of time employed with above employer: _____

(Complete the information on page 2)

EDUCATION INFORMATION

Degree Type	College / University Name	Major Area of Study	Graduation Date (Month/Year)	GPA Upon Graduation
Bachelor				
Masters				
Ph.D./Doctoral				
Other				

NOTE: You will be asked to submit official transcripts from every college / university that you have attended.

CURRENT TEACHING LICENSES

List **all** teaching license(s) you currently hold and the respective **expiration date(s)**. This should include any paraprofessional licenses such as a substitute teacher, tutor, instructional aid, teaching assistant, etc.

OTHER INFORMATION

How did you **initially** hear about the University of Dayton Transition to Teaching program?

Check **only one** and specify.

- Transition to Teaching Brochure—Where did you find the brochure? _____
- Transition to Teaching Website—How did you find the website? _____
- Seminar/Informational Meeting/In-Service—Date and Location: _____
- School District—Please specify: _____
- University of Dayton—Please specify: _____
- Ohio Department of Education—Please specify: _____
- Career/Job Fair—Date and Location: _____
- Media (newspaper, radio, television, etc)—Please specify: _____
- Other—Please specify: _____

LOCATION OF PROGRAM TRAINING AND EMPLOYMENT

The Transition to Teaching program requires a **three-year service commitment** to teach in the respective school district. Please indicate in which school district(s) you intend to teach. If you mark more than one, please indicate your first and second choice. *Participating districts may change according to staffing requirements.*

- | | |
|--|--|
| <input type="checkbox"/> Akron Public Schools # _____ | <input type="checkbox"/> Mansfield City Schools # _____ |
| <input type="checkbox"/> Cincinnati Public Schools # _____ | <input type="checkbox"/> Trotwood-Madison City Schools # _____ |
| <input type="checkbox"/> Columbus City Schools # _____ | <input type="checkbox"/> Warren City School District # _____ |
| <input type="checkbox"/> Dayton Public Schools # _____ | <input type="checkbox"/> Youngstown City Schools # _____ |
| <input type="checkbox"/> East Cleveland City Schools # _____ | <input type="checkbox"/> Other: _____ # _____ |

SIGNATURE: _____

DATE: _____