

**MILLSAPS COLLEGE
APPLICATION FOR ADMISSION
TEACHER EDUCATION PROGRAM**

I. Contact Information

Soc. Sec.# _____ Date _____

Name _____
(Last) (First) (M.I.)

Address (on/off campus) _____ Phone _____

City, State _____ Zip Code _____

Permanent Address _____ Phone _____

City, State _____ Zip Code _____

II. Information for Licensure

GPA _____ **ACT/SAT** _____ (21) (860)

___ Freshman ___ Sophomore ___ Junior ___ Senior

Other college(s) attended _____

Major(s) _____ **Minor(s)** _____

Do you plan to student teach? _____

III. College Organizations And Activities (past & present; use back if needed)

Activity	Age Group	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Revised 11/04/04)