

# Teaching Writing and Critical Literacy Certificate Application

COLLEGE OF EDUCATION  
+ HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA

CEHD STUDENT SERVICES / 110 WULLING HALL, 86 PLEASANT STREET S.E., MINNEAPOLIS, MN 55455 / 612-625-6501, FAX: 612-626-1580

Applicants to the teaching writing and critical literacy certificate program must complete this application form.

Submit the following application materials to CEHD Student Services, at the address listed above:

- A completed application form
- A résumé

- Copies of all postsecondary transcripts. Unofficial copies of transcripts are acceptable.
- A statement of purpose that explains the relationship of courses and research to your professional goals (suggested length: two pages)
- Two letters of recommendation addressing your teaching accomplishments and potential for further study

1. Desired term of admission to the teaching writing and critical literacy certificate program: Fall 20____                      Spring 20____                      Summer 20____			
2. Name _____ Last                      First                      Middle		3. Former name * (see instructions below) _____	
4. Current address _____ Street _____ City                      State                      ZIP code			
5. Home phone (    )		6. Work phone (    )	
7 Preferred e-mail address (if applicable)			
8. Permanent address _____ Street _____ City                      State                      ZIP code			
9. State in which you claim legal residency			How long: ____Years ____ Months
10. University of Minnesota Student I.D. Number (if applicable) or Social Security number			
11. Country of birth			
12. Country of citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other (must specify)			
13. Postsecondary education			
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation
_____ Institution	_____ Major	_____ Degree earned	_____ Date of graduation

\* Students who have previously applied to any of the University of Minnesota system schools (Twin Cities, Crookston, Duluth, Morris, or Waseca) under a different name must submit a completed University of Minnesota Name Change Request form to the appropriate office. The form is available at the Office of the Registrar, 612-624-1111; or on the Web: <http://onestop.umn.edu/onestop/forms.html>.

**Application continues on reverse.**

14. Current University of Minnesota status (if applicable)

College

Major area of study

Faculty adviser

Anticipated degree (B.S., B.A., M.Ed., M.A., Ph.D., etc.)

Anticipated graduation date

15. Name, address, and phone number of school where employed

School name

Street

City

State

ZIP code

[ ]

Phone

16. What grade level(s) do you teach/have you taught?

17. How long have you been teaching?

**Student certification**

I certify that the information I have provided on this application and all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request that transcripts from all previously attended colleges and universities be sent to CEHD Student Services. I understand that changes in program status may impact admission consideration. I understand that misrepresentation of application information is sufficient grounds for canceling admission or registration.

Applicant's signature

Date

**CE+HD**

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Minneapolis, MN 55455  
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cehdgrad@umn.edu  
<http://cehd.umn.edu>

*The University of Minnesota is an equal opportunity educator and employer. The College of Education and Human Development is committed to recruiting, enrolling, and educating a diverse population of students who represent the overall composition of our society.*

*For alternative formats of this publication, please contact CEHD Student Services, 612-625-6501.*