

### APPLICATION INSTRUCTIONS

1. Print in ink or type all information required on this application. Be as thorough as possible.
2. Be sure the application is signed.
3. Attach to the front of the application a non-refundable \$50.00 application fee, which covers the cost of processing. **DO NOT SEND CASH THROUGH THE MAIL.** All checks or money orders are to be made payable to Centenary College.
4. Mail the application with fee to:  
Department of Education  
Centenary College of Louisiana  
106 Kings Highway, Suite 203  
Shreveport, Louisiana 71104

### ADMISSION DEADLINES

All transcripts, scores & required documents must be received in the Department of Education office by the deadlines for that term.

- Fall Term Admission - July 1
- Spring Term Admission - November 1
- Summer Term Admission - April 1

### ADMISSION REQUIREMENTS

1. Have a **non-education bachelor's degree** from a regionally accredited traditional liberal arts college or university. *Degrees from nontraditional institutions such as Management Institutes, Online degrees, or Distance Learning degrees will not be accepted.*
2. Be academically **eligible** to return to their previous institutions.
3. Provide **TWO (2) complete official transcripts** (sent from the institution directly to the Centenary Department of Education) from every institution previously attended, including undergraduate and graduate work. Transcripts from at least one of the previously attended institutions should show evidence of completion of a bachelor degree from a regionally college or university. (All documents submitted for admission become the property of Centenary College and cannot be returned to applicants).
4. Have a **career grade point average of 2.5** (4.0 system) or better for all work pursued, including graduate and undergraduate grades.
5. Have submitted a **completed application** form with a **\$50 non-refundable application fee**. Application forms are available in the Department of Education and online at:  
<https://www.centenary.edu/files/resources/educgradapp16rev.pdf>

6. Present passing scores as mandated by the State of Louisiana Department of Education on:
  - a) **PRAXIS I - Core Academic Skills for Educators**  
Minimum passing scores can be found at:  
<https://www.teachlouisiana.net>  
*Candidates with earned master's degrees are exempt from this requirement.*
  - b) **PRAXIS II - Principles of Learning and Teaching**  
Minimum passing scores can be found at:  
<https://www.teachlouisiana.net>
7. Submit a written **essay**, of no more than 500 words, explaining your career progression, your significant career accomplishments, your professional strengths, and your professional goals.
8. Submit a **resume**.
9. Provide **Immunization Records** including the Meningococcal Vaccination.
10. Submit signed Centenary **Professional Code of Conduct Form**. (found with application)
11. Submit signed Centenary **Background Check Consent Form**. (found with application)
12. Participate in a successful admission **interview** with the Chairperson of the Department of Education or designee.
13. Submit confirmation of completed Fingerprint Verification. Please schedule a free appointment with the Department of Public Safety (DPS) at Centenary College to get fingerprinted at  
<https://www.centenary.edu/directories/offices-services-directory/public-safety>.

All correspondence concerning admission to the Master of Arts in Teaching programs should be sent to:

Department of Education  
Centenary College of Louisiana  
106 Kings Highway, Suite 203  
Shreveport, Louisiana 71104  
Telephone: (318) 869-5223

**GRADUATE INFORMATION FOR ADMISSION**

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL MAIDEN (IF APPLICABLE)

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

U.S. Citizen?  YES  NO If no, state nationality \_\_\_\_\_

Legal Residence (State) \_\_\_\_\_ Years in Residence \_\_\_\_\_ Parish/County \_\_\_\_\_

High School attended? \_\_\_\_\_ Are you registered to vote?  YES  NO

NO Have you ever attended Centenary College of Louisiana before?  YES  NO If so, when? \_\_\_\_\_

Have you ever been accused, charged or convicted of a felony?  YES  NO

Have you ever been accused, charged or convicted of sexual misconduct, abuse, or neglect of a minor or student?  YES  NO

If "yes" to either of the two preceding questions, list offense(s) and disposition of charges: \_\_\_\_\_

\_\_\_\_\_

**This information will be used in a non-discriminatory manner, consistent with applicable civil rights laws.**

*Which of the following best describes you?*

**A. ETHNICITY** (please check yes or no)

\_\_\_\_\_ Yes Hispanic

If no, then continue to

Section B.

\_\_\_\_\_ No, not Hispanic

**B. RACE** (please check all applicable)

\_\_\_\_\_ White \_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native American

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

**C. GENDER**  Male  Female

**EDUCATION INFORMATION**

List all colleges and universities you have attended, with all information:

NAME AND LOCATION	FROM — TO (Semester / Quarter)	DEGREES RECEIVED	DATE AWARDED

Are you eligible to return to the LAST institution you attended?  YES  NO

**EMPLOYMENT RECORD**

Present Employer \_\_\_\_\_  
NAME OF SCHOOL OR COMPANY PARISH

\_\_\_\_\_ ADDRESS / CITY / STATE / ZIP

Telephone Number \_\_\_\_\_

**IF EMPLOYED IN A SCHOOL DISTRICT THEN:**

How many years teaching in this school? \_\_\_\_\_ How many total years of teaching? \_\_\_\_\_

Name of your principal/supervisor? \_\_\_\_\_ How long have you taught in the State of Louisiana? \_\_\_\_\_

Are you certified to teach?  YES  NO

**EMERGENCY NOTIFICATION (in case of emergency, notify)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_ Telephone Number \_\_\_\_\_

**REFERENCES (please list two academic and/or professional references)**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

## PROGRAM INFORMATION

Indicate Entering Term:

Fall    Spring    Summer

Are you seeking initial certification?

Yes    No

In what area are you seeking certification?

Elementary, 1-5    K-12 Choral Music

Secondary, 6-12

If Secondary, what will be your content area of certification?

Circle one.

Biology	German
Business	Mathematics
Chemistry	Physics
English	Social Studies
French	Spanish
General Science	

## ATTACHMENTS

Essay

Please provide a typed narrative, in 500 words or less, of your career progression, your significant career accomplishments, your professional strengths, and your professional goals.

Current Resume

Signed Centenary Background Check Consent Form

Signed Professional Code of Conduct Form

I certify that the foregoing information is true and correct. I agree to be governed by the academic standards and policies of Centenary College of Louisiana, in making application for admission to Centenary College, and in compliance with the provisions of the "Family Education Rights and Privacy Act" of 1974. I affirm that I will be responsible for the payment of all fees and that I will comply with the regulations regarding fees, expenses, and refunds outlined in the current College catalogue.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Centenary College of Louisiana encourages application for admission from all persons and does not discriminate on the basis of gender, race, color, age, religion, disability, sexual orientation, or national or ethnic origin in its admission policies, loan programs or other college programs, policies and activities. In compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, Centenary College will make every reasonable effort to accommodate the needs of its students with disabilities.



**Centenary**  
COLLEGE OF LOUISIANA

**Department of Education**  
106 Kings Hwy., Suite 203  
Shreveport, Louisiana 71104



## BACKGROUND CHECK CONSENT FORM

I, \_\_\_\_\_ (please print), the undersigned, agree and acknowledge that I am a Centenary College of Louisiana Department of Education M.A.T. applicant for (please check) spring\_\_\_\_, summer\_\_\_\_, or fall\_\_\_\_ in the year 20\_\_\_\_ program.

I hereby authorize a review and full disclosure of all information and records concerning myself to Centenary College Department of Education relative to educational background, medical, criminal history, alcohol, drug abuse, and psychiatric treatment and/or consultation, employment and pre-employment records, including background reports. I hereby authorize all persons or agencies to provide such information to Centenary College and I agree to hold harmless all such persons or agencies.

I understand that any information obtained by a personal history background investigation will be considered in determining my acceptance into the program.

I further understand, agree and acknowledge that in the event my application is denied, the reasons for said denial will not be revealed to me.

I agree that in the event that a current or prospective employer requests such information, said information will be provided.

I also understand that any false information provided verbally and/or on this form or application would be grounds for denial at any point during the program.

*The following information is needed in order to conduct a personal background check. Thank you.*

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Driver's license number – State

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Evening phone number

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Printed name of witness

*This conduct form results from a similar document that the Louisiana Department of Education (LDOE) will require you sign in order to receive certification from the State of Louisiana.*



## PROFESSIONAL CODE OF CONDUCT FORM

### ALL QUESTIONS MUST BE ANSWERED ON THIS FORM

1. Have you ever had any professional license/certification denied, suspended, revoked or voluntarily surrendered? (Mark with an X) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
2. Are currently being reviewed or investigated for purposes of such action (or pending action) as stated in #1. (Mark with an X) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If yes, what state?** \_\_\_\_\_
3. Have you ever been accused, charged or convicted of any felony offense, been found guilty or entered a plea of nolo contendere (no contest), even if adjudication was withheld? (Mark with an X) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If yes, please provide the following information:**

**Date of Conviction:** \_\_\_\_\_ **State of Conviction:** \_\_\_\_\_

**Court of Jurisdiction of Conviction:** \_\_\_\_\_

4. Have you ever been accused of inappropriate contact with a student? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If yes, please explain:** \_\_\_\_\_
5. Have you ever been accused, charged or convicted of a misdemeanor offense that involves any of the following:
  - a. Sexual or physical abuse of a minor child or other illegal conduct with a minor child.
  - b. The possession, use, or distribution of any illegal drug as defined by Louisiana or federal law.(Mark with an X) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
6. If you answered "yes" to either questions #3 or #4, list the offense(s) and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you ever been granted a pardon for any offense as stated in #3 or #4? (Mark with an X) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

***I affirm and declare that all information given by me is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in criminal prosecution and/or denial of my teaching certificate. Responses to any of the above questions may require further investigation before admission or continuance in the Centenary Department of Education Graduate Program.***

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_