



ADMISSION APPLICATION FOR HEALTH & PHYSICAL EDUCATION

Forms can be submitted to CHSE in one of the following ways:

1. CHSE Office of Student Services, 236 Peabody Hall
2. Via email to chseinfo@lsu.edu or to a CHSE counselor/advisor
3. Via fax to 225/578-3613

Applications are only accepted during final weeks until the last day to add in each semester.

This form will be processed within 7 to 10 business days of submission.

Students will be notified by email once their form has been processed.

Name: _____ LSU ID Number: 89- _____

LSU Email Address: _____ Phone Number: _____

Minor (minors are not required for this major): _____

Anticipated Graduation Date: _____ Current LSU Athlete? Yes _____ No _____

Please read, sign and date:

Statement of HSE Student Expectations:

The College of Human Sciences & Education has high expectations of its students. Each student is responsible for learning and completing all of his/her degree requirements. Additionally, students are responsible for knowing and complying with all University and College rules, regulations, and deadlines. Ignorance of a requirement or rule is not grounds for waiving that requirement or rule. Students can obtain information on degree requirements, University regulations, and College regulations in the LSU General Catalog (<http://www.lsu.edu/catalogs/>).

I understand that I must have a **2.5 LSU GPA and a cumulative 2.5 GPA** to enroll in 3000/4000-level education classes and to student teach. I understand I must have the following in order to enroll in 3000/4000 level-education classes and to student teach: An ACT composite score of 22 or an SAT combined verbal and math score of 1100 or higher (New SAT) or 1030 or higher (pre-March 2016 SAT) may be used in lieu of Praxis 1 PPST Exams or Core Academic Skills for Educators in reading, writing and math on record with LSU before enrolling in 3000/4000-level education courses. I understand that I must pass all required PRAXIS II assessments and pass all required coursework to student teach, graduate and be certified in teacher education.

Statement of Confidentiality:

When working with an HSE counselor, the student's right to privacy is guarded as much as permitted by law, ethics and University/College rules. The HSE counselor is obligated to break confidentiality when there is indication of potential harm to the student or others, concern of neglect or abuse, a court of law requires testimony or student records, or as required by university policies. The HSE counselor often consults with other college professionals but only shares information necessary to achieving the goals of the consultation.

I understand and agree to the information above.

Student Signature: _____ Date: _____



Name: _____ LSU ID Number: 89-_____

Student Teaching and Accommodations:

Please read, sign, and date:

Students with identified disabilities should alert the Office of Field Experiences PRIOR to submitting a student teaching application. Documentation of the student's disability, provided by LSU's Disability Services, must be received by the Office of Field Experiences before accommodations will be made. Students should note that accommodations that are typically given in content courses may not be applicable during field placements **for** student teaching. The appropriateness of accommodations will be discussed during a meeting between Disability Services staff, the student, and Office of Professional Experiences.

I understand and agree to the information above.

Student Signature: _____ Date: _____

Teacher Education Student Self-Evaluation:

Please read, sign, and date:

The teaching profession, along with other professions, has the responsibility to ensure that the welfare of society is safeguarded and enhanced. Consequently, no person should be allowed to enter the teaching profession whose actions or failure of performance will result in a materially adverse effect upon children in the school system. Therefore, the College of Human Sciences & Education reserves the right to admit and retain in teacher education programs only those students qualified to work with children. Teacher education students are required to complete the attached Professional Conduct Form, which is based on the form required for certification by the Louisiana State Department of Education.

Should there be any change in my status as listed on this form or any other change affecting my teacher qualifications while I am pursuing a teacher education program, I will report this change to the Office of Student Services.

I understand and agree to the information above.

Student Signature: _____ Date: _____



PROFESSIONAL CONDUCT FORM

Name: _____ LSU ID Number: 89-_____

The teaching profession, along with other professions, has the responsibility to ensure that the welfare of society is safeguarded and enhanced. Consequently, no person should be allowed to enter the teaching profession whose actions or failure of performance will result in a materially adverse effect upon children in the school system. Therefore, the College of Human Sciences & Education reserves the right to admit and retain in teacher education programs only those students qualified to work with children. Teacher education students are required to complete this Professional Conduct Form, which is based on the form required for certification by the Louisiana State Department of Education. Students who answer "YES" to any question below will be contacted as they will need to explore their certification eligibility with the Louisiana Department of Education.

Should there be any change in a student's status as listed on this form or any other change affecting their teacher qualifications while pursuing a teacher education program, the student is required to report this change to the Office of Student Services, 236 Peabody Hall.

Each question must be answered. Please Check Yes or No

1. Have you ever been refused admission or dropped from a teacher education program at this institution or any other college or university? **Yes** ___ **No** ___ If **YES**, at which institution?

2. Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? **Yes** ___ **No** ___ If **YES**, in which state?

3. Are you currently being reviewed/investigated or is such action pending for situations described in questions #1 or #2? **Yes** ___ **No** ___ If **YES**, at which institution/state?

4. Have you ever been convicted of, found guilty of, or pled nolo contendere (no contest) to a felony offense, even if adjudication was withheld? **Yes** ___ **No** ___

If **YES**, please provide the following information:

Date of conviction:

State of conviction:

Court of Jurisdiction of Conviction:

5. Have you ever been 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. **Yes** ___ **No** ___

B. The possession, use, or distribution of any illegal drug as defined by Louisiana or federal law. **Yes** ___ **No** ___

6. Have you ever been granted a pardon or expungement for any offense as stated in #4 or #5? **Yes** ___ **No** ___

I certify that I have answered these questions to the best of my knowledge. Further, should there be any change in my status as described above or any other change affecting my teacher qualifications while I am pursuing a teacher education program, I will report this change to the Office of Student Services, 236 Peabody Hall, immediately.

Student Signature: _____ Date: _____