



# Early Childhood Education Application for Admission

## APPLICATION INSTRUCTIONS

**Please note:** This application is intended for use by individuals who have a bachelor's or master's degree and are seeking preparation and licensing required for teaching pre-kindergarten or kindergarten in Wisconsin. Upon successful completion of the Viterbo University Early Childhood Education Program and with the recommendation of the certifying officer, Viterbo University School of Education Dean, completers will be granted a License by the Wisconsin Department of Public Instruction.

### To apply to the Early Childhood Education Licensure Program:

1. Fill out requested information in all parts of this application.
2. Attach a \$50 non-refundable application fee payable to Viterbo University.
3. Fill out a promissory note.
4. Mail in your application, check, and promissory note to: Viterbo University, ATTN: Ruth Badciong, 900 Viterbo Drive, La Crosse, WI 54601.
5. Order transcripts from each of your undergraduate institutions and have them directly sent to: Viterbo University, ATTN: Ruth Badciong, 900 Viterbo Drive, La Crosse, WI 54601.

## Questions?

Here's how to reach us:

**Address:** 900 Viterbo Drive  
La Crosse, WI 54601

**Phone:** For general information, program content, or admission requirements call 608-796-3388 or 608-796-3380. For financial aid information call 608-796-3900

**Email:** [rebadciong@viterbo.edu](mailto:rebadciong@viterbo.edu)

**Web site:**  
[www.viterbo.edu/earlychildhood](http://www.viterbo.edu/earlychildhood)

**Fax:** 608-796-3091

## PART ONE—STUDENT INFORMATION

Complete ALL PARTS of this form. Please PRINT.

**SOCIAL SECURITY NUMBER** \_ \_ \_ - \_ \_ - \_ \_ \_

**NAME** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Maiden \_\_\_\_\_ Other \_\_\_\_\_

### PERMANENT MAILING ADDRESS

Street/RR/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address (Permanent) \_\_\_\_\_  
Email Address (School) \_\_\_\_\_

**GENDER**  Female  Male    **DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **MARITAL STATUS**  Single  Married

**CITIZEN STATUS**  U.S. Citizen     Resident Alien     Refugee/granted political asylum  
 Non-resident Alien    Of what country are you a citizen? \_\_\_\_\_

### RACE AND ETHNIC BACKGROUND (answer both questions)

#### Are you Hispanic or Latino/Latina?

No, not Hispanic or Latino/Latina     Yes, Hispanic or Latino/Latina

#### What is your race? (select one or more)

- American Indian or Alaska Native
- Asian (country of family's origin \_\_\_\_\_)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### RELIGIOUS PREFERENCE

- Baptist
- Catholic
- Jewish
- Lutheran
- Methodist
- None
- Other \_\_\_\_\_

## PART TWO—ENROLLMENT CHOICES

**I plan to enroll for**  Fox River Valley     Madison Area     La Crosse

**Anticipated Graduation Date** \_\_\_\_\_

## PART THREE—EMPLOYMENT INFORMATION

Present Employment \_\_\_\_\_  
Name of School \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Do you have a Teaching License?  Yes  No (License Required)  
Is it in  Elementary Education  Early Childhood Special Education?

## PART FOUR—EDUCATION INFORMATION

### LIST ALL COLLEGES, UNIVERSITIES, AND/OR GRADUATE SCHOOLS FROM WHICH YOU HAVE RECEIVED A DEGREE:

An official transcript showing an earned bachelor's degree in a teacher licensure degree program from a regionally accredited institution of higher education and a copy of a state teaching license in Elementary Education or Elementary/Middle Education or Early Childhood Special Education are requirements for admission.

NAME OF INSTITUTION	MAJOR	DATES ATTENDED	DEGREE EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PART FIVE—WORK EXPERIENCE

### SUMMARIZE YOUR WORK EXPERIENCE SINCE COLLEGE.

EMPLOYER	LOCATION	DATES	POSITION HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES:** List the name, address, and telephone number of three people who can attest to your ability to do graduate work.

NAME	ADDRESS	PHONE NUMBER	BASIS FOR KNOWING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PART SIX—SIGNATURE/DATE

I have attached a \$50 non-refundable application fee. If I am accepted by Viterbo University, I understand that I will be expected to abide by all university rules and regulations. I certify that all information in this application is complete and accurate to the best of my knowledge. I understand that falsification may result in denial of admission or dismissal from the university.

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

Viterbo University is committed to providing equal educational and employment opportunities regardless of sex, race, color, religion, age, national origin, or handicap in compliance with Title VI, Title IX, and Section 504.