|  |  |
| --- | --- |
| COLLEGE CREDIT COURSE-WORK APPLICATIONCOURSE NAME: Reading Assessment & Instruction | C:\Users\302840\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\NWLIB2OO\OSDE Logo 3 wide.png |

|  |
| --- |
| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
|  |
| Certification and Teaching |
| Certification Type |  | Teaching Location -  District |  |
| Teaching Site – School Name |  | Teaching Subject |  |
| Teaching Grade(s) |  | Assigned Mentor (Name) |  |
| Current status: (circle one) (A) First Year Emergency Certification (B) Second Year Emergency Certification (C) Alternative Certification |
| Number of graduate courses taken: (circle one) (A) zero (B) one (C) two or more |
|  |
| Brief Response |
| Write a response to this question in approximately 250 words. What do you plan to gain from this course?  |

|  |
| --- |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. I acknowledge that this course meets the pedagogy requirement for Alternative Certification.I acknowledge that I am applying for a course that begins May 26th and ends June 30th 2021.I acknowledge that the course will be delivered in an online format with tuition and admission fees paid. I acknowledge that I am responsible for purchasing required textbooks. |
| Signature |  | Date |  |
| School Administrator’s Signature |  | Date |  |

**Send completed application to Dr. Robyn Miller at** **robyn.miller@sde.ok.gov** **by**

**5:00 PM April 2, 2021. You will be notified of acceptance by April 9, 2021.**