

APPLICATION for 2025-26/2025-27
MASTER of ARTS in TEACHING - LICENSURE PROGRAM

Return completed application to: Applications Coordinator - School of Education - Southern Oregon University (SOU)
1250 Siskiyou Blvd., Ashland, OR 97520 **OR** Email to caster@sou.edu

Check One (below)

- Accelerated program (2025-26)
 Regular program (2025-27)

Check One (below) (Please list Subject/Endorsement in blank)

- Multiple Subjects (Elementary)
 Single Subject (Secondary)

Secondary Endorsement: _____

Refer to www.sou.edu/education/mat/admission.html for list of endorsement areas and prerequisites

How did you find out about the MAT Program at Southern Oregon University?

____ Friend/Family ____ Newspaper ads ____ Radio/TV ____ College Catalog ____ Advisor ____ Other (Specify)

Are you a current employee of a school district? Yes No Are you a first generation college goer? Yes No

Last Name	First Name	MI	Preferred Name	Former Name
Current Mailing Address - Number and Street			E-mail address	
City	State	Zip Code	Phone	
SOU ID #	Date of Birth		Gender	

Permanent Address - Number and Street				
City	State	Country (if not U.S.)	Zip Code	Phone

The Oregon Chief Education Office requires all teacher preparation programs to report the number of students from culturally and linguistically diverse backgrounds. **Is your first language something other than English:** Yes No

Please check all that apply: Hispanic/Latino American Indian or Alaskan Asian Black or African American
 Native Hawaiian or other Pacific Islander White/Caucasian Other

Bachelor's Degree:

Granting Institution: _____

Address of Granting Institution (City/State): _____

Date of Completion: _____ Major: _____

Be sure official transcripts have been sent to the SOU Admissions office.

Essays: Please respond to the following prompts by submitting a one to two page, typed, double spaced essay for **each** prompt. Pay attention to fundamentals of style as well as substance in your statements. Authenticity, clarity and thoughtfulness will be valued.

Prompt I Describe the personal strengths that you believe will help you become an effective educator.

Prompt II Describe a challenging situation that you have faced (or can imagine facing) in the classroom. Explain how you envision drawing upon your personal strengths to help guide you in that situation.

Prompt III Describe what it means to be a culturally responsive teacher. Explain your exposure, experience, and education regarding culturally responsive teaching.

IV. Letters of Recommendation:

Provide at least **two** Letters of Recommendation from **supervisors** documenting successful experiences working with groups of students who are in the age range you wish to teach. Work with organized programs offered by social agencies is acceptable but **experiences in Public Schools are preferred**. These may be sent under separate cover. List the supervisors' names below. (Your supervisor may not be a relative.) Please note that while one-on-one tutoring is valuable, it is not sufficient as a "group" experience.

	1	2
Names of supervisors:	_____	_____
Types of experiences:	_____	_____
	_____	_____
	_____	_____

V. **Character Questions:** (Answer all questions and sign.)

As part of the application process for admission to the Southern Oregon University (SOU) MAT Program, you must answer the following set of character questions. Answer each character question with a "YES" or "NO" in the blank to the left of the question. **If the answer is "YES" to question #9, 10, or 11, attach a certified true copy of the court record to this report.** Explain fully on a separate sheet of paper any "YES" answers to questions.

- ____ 1. Have you ever been admitted to, but not completed, a teacher education program at another higher education institution?
- ____ 2. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct? Have you ever left educational or school-related employment when you had reason to believe an investigation for misconduct was underway or imminent?
- ____ 3. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct by either an employer or a licensure agency?
- ____ 4. Have you ever been placed on leave by your employer for any alleged misconduct?
- ____ 5. Have you ever had any adverse action taken on a professional certificate, license or charter school registration? Have you ever been placed on probationary status for alleged misconduct while holding a professional license, certificate, registration, or credential?
- ____ 6. Have you ever been denied any professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct?
- ____ 7. Have you ever surrendered a professional license of any kind before its expiration?
- ____ 8. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?
- ____ 9. Have you ever been convicted or been granted a diversion or conditional discharge by any court for any: (a) felony; (b) misdemeanor; or (c) major traffic violation, including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?
- ____ 10. Have you ever been arrested or cited for any offense listed in question (9) above which is still pending in the courts? This includes any diversion, conditional discharge or postponed adjudication that has not been dismissed by the courts at the time this application is signed.
- ____ 11. Have you ever had any civil judgment or other court order, including but not limited to a restraining order, entered against you resulting from allegations of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?

Certify:

I hereby certify that the information on or relating to this form is true and correct. I grant the SOU School of Education permission to check civil and criminal records to verify any statement made on the character question portion of this form. I understand that if I am admitted to the program, I will be required to complete a fingerprint-based verification process which includes a review of my background by both the Federal Bureau of Investigation and the Oregon State Police in order to corroborate the accuracy of the responses I have provided above. Further, I understand that the SOU School of Education may deny or revoke admission to the SOU MAT Program upon evidence that I knowingly made any false statements on or relating to this form.

Signature of applicant

Date of signature

RELEASE OF INFORMATION FORM

As part of the application process for admission to the teacher education program at Southern Oregon University (SOU), I hereby authorize SOU to request, and those receiving this request, to release all information and records regarding disciplinary or behavioral matters or any information or records that might reflect on my potential as a teacher. This may include, but is not limited to, contacting:

- 1) The Dean of Students at any institutions of higher education that I have attended
- 2) Professors or instructors whom I have had
- 3) State agencies with whom I have been involved
- 4) Previous employers
- 5) Individuals cited as references in my application

I understand that SOU will use this information only as part of the application process for the Master of Arts in Teaching program and that this permission to release information will expire when the application process for the cohort to which I am applying has been completed. I further agree that the SOU School of Education has permission to reproduce this release form and send it with all requests for information.

In consideration of this consent, I hereby release the above parties from any and all liability arising therefrom.

Please print your full name here: _____

Your signature: _____ Date: _____

**Witness: _____ Date: _____

*****Please make sure you have someone witness this form! The "Witness" can be anyone of your choice. The School of Education does not have to witness the signature.***

SOUTHERN OREGON UNIVERSITY

**CANDIDATE'S DESCRIPTION OF PREVIOUS
EXPERIENCE WORKING WITH YOUNG PEOPLE**

Briefly describe your previous working experience with youth. Include instructional or classroom experience(s), practicum experience(s), paid experience(s) and volunteer experience(s). As part of the description, **briefly** describe what you learned about teaching and learning from this experience.

EXPERIENCE #1.

Dates (Duration) of the Experience: _____

Ages of students: _____

If coursework is involved, list: Course number, Title, Institution, Term/Year, Credits

EXPERIENCE #2.

Dates (Duration) of the Experience: _____

Ages of students: _____

If coursework is involved, list: Course number, Title, Institution, Term/Year, Credits

EXPERIENCE #3.

Dates (Duration) of the Experience: _____

Ages of students: _____

If coursework is involved, list: Course number, Title, Institution, Term/Year, Credits

EXPERIENCE #4.

Dates (Duration) of the Experience: _____

Ages of students: _____

If coursework is involved, list: Course number, Title, Institution, Term/Year, Credits

MULTIPLE SUBJECTS CANDIDATES ONLY

MATHEMATICS VERIFICATION FORM

Applicant's Name: _____ Date: _____

____ 1. I have completed Math 211, 212, **and** 213. (*See my transcript.*)

____ 2. I will complete Math 211, 212 **and** 213. (*Please explain*)

____ 3. I have passed the waiver examination at SOU for:

Math 211: _____ Math 212: _____ Math 213: _____ (*Attach verification*)

____ 4. I have successfully completed comparable math courses in other colleges to meet the requirements of:

Math 211: _____ Math 212: _____ Math 213: _____
(*Attach transcript and approval from Math Department*)

SECOND LANGUAGE/MULTICULTURAL PROFICIENCY
Optional for all levels

MAT applicants may document second language or multicultural proficiency as a means to strengthen their application. This proficiency can be met by completing and documenting one of the following:

- _____ 1. I have/will have completed two years of a second language (or completed a second language at the intermediate level) at the college or university level. *See my transcript.*

_____ at _____
Language College or University

- _____ 2. I have/will have passed a foreign language (or American Sign Language) test at the intermediate level. *Document is attached.*

_____ **test passed on** _____
Language Date

- _____ 3. I have/will have twelve (12) quarter credits of approved courses in English for Speakers of Other Languages (ESOL). Courses are as follows:

Course Name	Institution	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- _____ 4. I have/will have taken twelve (12) quarter credits of courses that enhance cultural and language sensitivity related to teaching and learning. Courses are as follows:

Course Name	Institution	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOUTHERN OREGON UNIVERSITY SCHOOL OF EDUCATION

Letter of Recommendation for _____ (Applicant name)

The entrance requirements to the **MASTER OF ARTS IN TEACHING PROGRAM** require that the candidate provide us with at least **two** Letters of Recommendation from **supervisors** documenting successful experiences working with groups of children or adolescents in organized programs offered by social agencies. **Experiences in public schools are preferred.**

TO THE REFERRER: This is a Letter of Recommendation regarding a candidate's teaching potential for admission to a *Graduate Education Program*. The above named person, who is applying for admission to the Master of Arts in Teaching Program at Southern Oregon University, has given your name as a reference. Please complete and return this form directly to the address indicated below.

Recommender Name (Please Print): _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

***Please return this
recommendation directly to:
Southern Oregon University
School of Education
1250 Siskiyou Blvd
Ashland OR 97520
(541) 552-6936***

1) PLEASE DESCRIBE THE SITUATION IN WHICH YOU WERE ABLE TO SUPERVISE OR OBSERVE THE CANDIDATE'S WORK WITH CHILDREN (include the length of time the candidate was under your supervision):

2) PLEASE CHECK THE COLUMN THAT INDICATES YOUR ASSESSMENT OF THE APPLICANT IN THE CATEGORIES LISTED BELOW:

	Unusually High	Above Average	Average	Below Average	Unusually Low	No Basis for Judgment
Demonstration of Content Knowledge						
Enthusiasm for Teaching						
Sense of Responsibility						
Expressive Ability: Oral						
Expressive Ability: Written						
Flexibility						
Initiative						
Ability to Work with Other Adults						
Emotional Maturity						
Potential as a Teacher						

3) PLEASE INCLUDE ADDITIONAL COMMENTS ABOUT THE APPLICANT ON THE BACK.

4) DO YOU RECOMMEND THIS PERSON FOR ADMISSION TO A GRADUATE TEACHER EDUCATION PROGRAM? YES NO

TO THE APPLICANT: The Federal Family Educational Rights and Privacy Act of 1974 and its amendments guarantee enrolled students the right to see their letter of recommendation unless they explicitly waive that right. Indicate below what your wishes are in this regard:

_____ I **DO** waive my right to inspect the contents of this recommendation.

_____ I do **NOT** waive my right to inspect the contents of this recommendation

Printed name:

Signature:

Date:

SOUTHERN OREGON UNIVERSITY SCHOOL OF EDUCATION

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 Position: _____
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 City: _____ State: _____ Zip: _____
 Signature: _____ Date: _____

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