



*Department of Teacher Education  
and Graduate Studies*

## **Selected Graduate Coursework application checklist**

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To complete your application packet, please assemble the following items.

- The completed application form
- \$30 application fee (check or money order should be made out to *Salem College*)
- The Salem College Honor Code form
- The CPL (Candidacy for Professional Licensure) form
- A copy of the Regional Alternative Licensure Center (RALC) Licensure Planning Sheet (if applicable)
- A copy of the teaching license(s) currently held (if applicable)

*Please be sure all application materials are received promptly.*

Department of Teacher Education and Graduate Studies  
Salem College  
601 S. Church Street  
Winston-Salem, NC 27101

336.721.2658 (phone)  
336.917.5384 (fax)

**GRADUATE STUDIES OFFICE USE ONLY**

\_\_\_ application \_\_\_ transcript \_\_\_ GPA \_\_\_ honor statement \_\_\_ CPL form N/A disposition self  
\_\_\_ / \_\_\_ / \_\_\_ acceptance

**A \$30 processing fee should accompany this application. Make checks payable to Salem College.**



*Department of Teacher Education  
and Graduate Studies*

## Application for **Selected Graduate Coursework**

**Date of Application:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle/Maiden:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Email:** \_\_\_\_\_ **Other Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Gender:**     Female  Male

**Citizenship:**    US Citizen     non-US Citizen     legal resident of NC

**Ethnicity:**

African-American    Caucasian    Native American    Pacific Islander    Hispanic

**How were you referred** to Salem College Department of Teacher Education and Graduate Studies?

RALC     principal     other friend or colleague     human resources

**Anticipate coursework to start:**    fall 20\_\_\_\_     spring 20\_\_\_\_     summer 20\_\_\_\_

**Educational Background:** List the colleges and universities that you have attended in reverse order along with the degrees and dates earned (if applicable). Please note that you must submit an official transcript from the institution that granted your bachelor's degree as well as one from any institution at which you have done other post-baccalaureate work.

name/location of institution	dates attended	degree/ major	year awarded



## **Salem College Department of Teacher Education and Graduate Studies Honor Code and Registration Policy Statement**

*Please read and sign at the bottom to signify your intention to comply with the Honor Code and the registration policy. Submit this form with your application.*

### **The Honor Tradition**

The Honor tradition is a vital and unifying aspect of the Salem College community that encourages each member to ethical and responsible living. The Honor Code is upheld by the entire student body and stands on the principle of mutual respect. It is only as strong as the community that lives by it.

The Honor Tradition is long standing at Salem College and is highly respected by students, faculty, staff and administration. In keeping with its custom, each student assumes full responsibility for her/his actions in all phases of life at Salem. Such a tradition is only possible in a community that respects the individual and maintains a commitment to communication. Every student is responsible for encouraging other students to uphold the Honor Tradition.

### **The Honor Code**

Salem College is a community of honor. I will show respect for my community by behaving with honesty, integrity and civility.

As a responsibility to my honor community:

- I. I will show respect for my classmates and faculty by maintaining honesty in my academic work and refraining from cheating.
  
- II. I will show respect for my community and peers by maintaining integrity and honesty in my daily life and refraining from stealing and lying.
  
- III. I will show respect for faculty, staff and members of the administration by maintaining civility and refraining from disruptive and abusive language and behavior.

I will acknowledge responsibility and accept the consequences of my actions. In choosing Salem College, I pledge to uphold the principles of the Honor Code and will cherish and guard its tradition.

### **Registration**

I understand that I may add or drop a course any time from the opening of registration to the end of the Registrar's Office business day on the last day of the drop/add period for a term (which for fall and spring terms is a two-week period as stated in the Term Schedules, and for the January term and summer terms is a shorter period of time as stated in those Term Schedules). I also understand that if I drop a class (or classes) after the last day of the drop/add period, I will owe for the class (or classes). If I have applied for financial aid for the term, I understand that I must inform the financial aid office if I decrease or increase the number of courses I have initially declared that I would be taking during the term.

I understand that I am financially responsible for the payment of my tuition costs due to Salem College. If payment obligation is not fulfilled by the time I have been informed that it is finally due, I agree to pay all cost of collection, including attorney fees. If I do not attend class and I do not drop the class (by completing a drop card, available in the Department of Teacher Education and Graduate Studies office), I understand that I will owe the full tuition for the class. Also, I understand that my name remains on the class roster until I officially drop the class. (A complete explanation of the drop/add and refund policies is in the Teacher Education Handbook.)

Print Name \_\_\_\_\_

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

**CANDIDATE FOR PROFESSIONAL LICENSURE (CPL)  
APPLICANT STATEMENT**

Have you ever had a certificate or license revoked or suspended by any state or other governing body? (If yes, attach a statement giving full details and official documentation of the action taken.)

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever been convicted of a crime (excluding minor traffic violations)? If yes, please attach a letter of explanation and a certified copy of the court proceedings from the court of conviction.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**I certify that the information provided in this application is correct and true. I understand that the falsification of any statement or document will result in license revocation.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

NC Department of Public Instruction  
Licensure Section  
301 North Wilmington Street  
Raleigh, NC



*Department of Teacher Education  
and Graduate Studies*

As part of the application process, all graduate students will be required to submit documentation showing appropriate immunizations. The *Guidelines for Completing the Immunization Record* (attached) can also be obtained online, in the office of Teacher Education and Graduate Studies, or in the Health Center. Documentation of immunization may be delivered in person, by mail or faxed to the Health Center.

Salem College  
Health and Counseling Center  
601 S. Church Street  
Winston-Salem, NC 27101  
336.721.2713 (phone) 336.917.5763 (fax)

The Health and Counseling Center is located in the basement of Clewell Residence Hall. Staff is available to accept immunization records and to answer questions Monday through Friday from 8:30 a.m. to 12:00 noon and from 1:00 pm to 4:00 pm

The completed immunization record must be on file in the Office of Health Services PRIOR TO the start of classes. If immunization records are not on file within 30 days of the first day of class, you will be removed from class. If you do not have a copy of your immunization record, contact your previous high school or college, your personal physician, a hospital emergency room where you may have received a tetanus booster, military records, local health department, or your parents.

If, after checking all possible resources, you determine that you will need to get immunizations, go to your County Health Department and tell them you need the immunizations necessary to satisfy a COLLEGE IMMUNIZATION REQUIREMENT. It is very helpful if you take the *Guidelines for Completing Immunization Record* form along with any records that you have located. Forsyth County Health Department has Immunization clinics with no appointment necessary. You can call 703-3100 regarding clinic days and times. Immunizations can also be obtained through Passport Health Triad at 2805 Lyndhurst Ave., Winston-Salem: 768-0717.

## Guidelines for Completing Immunization Record GRAD

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date Of Enrollment: \_\_\_\_\_ Student ID# \_\_\_\_\_

### Student Age- Vaccine & Dose(s) Requirements

**Students born in 1957 or later - July 1, 1994**

<b>DTP or Td</b>	<b>Polio</b>	<b>Measles</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Hep B</b>
<b>3</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>

**Students born before 1957**

<b>DTP or Td</b>	<b>Polio</b>	<b>Measles</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Hep B</b>
<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	mo./day/year (#1)	mo./day/year (#2)	mo./day/year (#3)	mo./day/year (#4)	mo./day/year (#5)
<b>DTP or Td</b>					
<b>Td Booster</b>					
<b>Tdap</b>					
<b>Polio</b>					
<b>MMR (After 1<sup>st</sup> Birthday)</b>					
<b>Measles (After 1<sup>st</sup> Birthday)</b>			Disease Date	Titer Date & Result	Titer Date & Result
<b>Mumps</b>			Disease Date Not Accepted	Titer Date & Result	Titer Date & Result
<b>Rubella</b>			Disease Date Not Accepted	Titer Date & Result	Titer Date & Result
<b>Hep B</b>				Titer Date & Result	Titer Date & Result

DTP ( Diphtheria, Tetanus, Pertussis) Td ( Tetanus, Diphtheria) Tdap (Tetanus, Diphtheria, Pertussis): One Td booster dose within the last 10 years. Those individuals enrolling in college on or after July 1, 2008 **MUST** have had three doses of Tetanus/Diphtheria toxoid and a booster dose of Tetanus/Diphtheria/Pertussis vaccine if a Tetanus/Diphtheria toxoid or Tetanus/Diphtheria/Pertussis vaccine has not been administered within the past **5 years**.

Measles: One dose on or after 12 months of age, second at least 30 days later.

MUMPS: Two Mumps doses if entering college for the first time after 7/1/1994.

Rubella: One dose on or after 12 months of age

Hep B: Not required if you were born before July 1, 1994

Please attach Record of Immunization or provide a physicians signature

\_\_\_\_\_ **Physicians Signature**

\_\_\_\_\_ **Date**