

ROWAN UNIVERSITY  
Glassboro, New Jersey

APPLICATION TO TEACHER OF READING CERTIFICATION PROGRAM

Name \_\_\_\_\_ Date \_\_\_\_\_

Last First Middle Initial

ID # \_\_\_\_\_

Address: Home:

Campus:

Street

Street

City State Zip

City State Zip

County

Phone

Phone

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Professional Education/Certification Major \_\_\_\_\_

Please respond to the questions below.

Yes No

\_\_\_ \_\_\_ Do you hold a baccalaureate degree?  
If no, estimated year and semester of graduation \_\_\_\_\_

\_\_\_ \_\_\_ Do you hold a teaching certificate(s)?  
If yes, list them \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ \_\_\_ Do you have a minimum overall GPA of 3.0 based on 30 semester hours?

\_\_\_ \_\_\_ Do you have an average of B or better based on all previously taken reading  
courses?

\_\_\_ \_\_\_ Have you completed the essay on the reverse side?

The above information that I have submitted is valid. \_\_\_\_\_

Applicant's Signature

I verify that the above information is valid and that the applicant has provided evidence that  
he/she has sound reasons for desiring Teacher of Reading Certification

Reading Advisor's/Designee's Signature

In narrative form, state your reasons for desiring Teacher of Reading Certification.

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Yes    No    This student is recommended for entrance to the Teacher of Reading Certification  
—    —    Program.

Date \_\_\_\_\_

Reading Department Advisor's/Designee's Signature \_\_\_\_\_