



Transition to Teaching Program
201 EAB
One University Blvd.
St. Louis, MO 63121

Transition to Teaching Program University of Missouri–St. Louis Participant Application

SCHOOL DISTRICT NAME

BUILDING NAME

DIRECTIONS

Mail the completed form to the address above.

QUESTIONS: Contact Ellen Meadows at (314) 516-7697

SECTION I: APPLICANT INFORMATION

I QUALIFY AS A (CHECK ALL THAT APPLY)

☐ TROOPS TO TEACHERS ☐ CAREER CHANGER ☐ CERTIFIED TEACHER IN ANOTHER SUBJECT

NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

PHONE NUMBERS

H ()

W ()

COLLEGE/UNIVERSITY STATE	GPA	FROM MO/YR	TO MO/YR	DEGREE MAJ	OR/MINOR

MOST RECENT PRIOR EMPLOYMENT
EMPLOYER NAME

YEARS
EMPLOYED

POSITION HELD

I choose this location to attend class:

APPLICANT'S SIGNATURE

DATE

SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT

List subjects(s) and grade level(s) of applicants teaching assignment(s)

SUBJECT GRADE	SUBJECT	GRADE

I hereby affirm that _____ is employed by this school district and will be using the Temporary Authorization Certificate for the _____ – _____ school year.

His/her beginning teaching date is/was _____.

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME OF SCHOOL OFFICIAL

TITLE