

APPLICATION FOR MICHIGAN SCHOOL ADMINISTRATOR
Grand Valley State University, 150 Student Services, Allendale, MI 49401

APPLICANT INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH	MONTH	DAY	YEAR	GENDER	
						<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
NAME	Last	First	Middle	Maiden	TELEPHONE NUMBER		
				()			
ADDRESS	Street	City	State	Zip Code			
RACIAL AND ETHNIC CATEGORIES							
<input type="checkbox"/> <u>American Indian or Alaskan Native</u> (having origins in any of the original peoples of North America or maintaining cultural identification through tribal affiliation or community recognition)		<input type="checkbox"/> <u>Black, NOT of Hispanic origin</u> (having origins in any one of the black racial groups of Africa)		<input type="checkbox"/> <u>Hispanic</u> (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)			
<input type="checkbox"/> <u>White, NOT of Hispanic origin</u> (having origins in any of the original peoples of Europe, North Africa or the Middle East)		<input type="checkbox"/> <u>Asian or Pacific Islander</u> (having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa)		<input type="checkbox"/> <u>Multiracial</u> (a person of mixed racial-ethnic origins)			

TYPE OF CERTIFICATE

(CHECK ONE)	<input type="checkbox"/> School Administrator Certificate (Held an expired Michigan Administrator Certificate/Holds a valid out of state Administrator certificate)	What was/is the expiration date? _____
	<input type="checkbox"/> School Administrator Certificate (Never held an Administrator Certificate)	
CERTIFICATE LEVEL		
(CHECK APPLICABLE)	<input type="checkbox"/> ELEMENTARY	<input type="checkbox"/> SECONDARY <input type="checkbox"/> CENTRAL OFFICE

ENDORSEMENTS/ENHANCEMENTS (Please indicate subject area)

Endorsement/Enhancement	Endorsement/Enhancement
Endorsement/enhancement	Endorsement/Enhancement

DEGREE INFORMATION

College/University Attended	Degrees/Credits	Year Completed
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CONVICTION/REVOICATION INFORMATION (If you answer "yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist/school administrator certificate suspended or revoked? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist/school administrator certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist/school administrator certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE _____ **DATE** _____