

Graduate and professional schools:

Name _____ Dates of Attendance _____ Degree and Date Received _____

Are you certified to teach in Pennsylvania or any other state?

____ Yes _____ No

If so, indicate state and areas of certification _____

(Please enclose a photocopy of your certification.)

PPID Number _____

Recommendations

Please list three individuals you will be contacting to provide recommendations.

1. Name: _____ School/Firm: _____

2. Name: _____ School/Firm: _____

3. Name: _____ School/Firm: _____

Work Experience

If you are now working part-time or full-time, state

Employer's Name: _____

Address: _____ Dates Employed: _____

Title/Primary Responsibilities: _____

Business Telephone: _____ Average Hours Worked per Week: _____

List previous employment experience below, including nature of your work, name of employer, and approximate dates of employment.

Name and Address	Primary Responsibility	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

Checklist

- ____ Have you filled out this form completely, enclosed your \$35 application fee, and signed it?
- ____ Have you enclosed a photocopy of your PA Instructional Certificate?
- ____ Have you sent your official transcripts?
- ____ Have you arranged for your three letters of recommendation to be sent?

Please return application to:
King's College Graduate Division
133 N. River Street
Wilkes-Barre, PA 18711