Elizabethtown College Teacher Education Application Process*
Student Life Clearance

*Education students are subjected to periodic review and are evaluated at the conclusion of each
subsequent semester and may be advised or required to withdraw at any time the Department
determines such action to be appropriate.

To the Student: Fill out items 1 through 3 and submit this form as part of your Provisional Acceptance
application. Submission is made to the Education Office, Nicarry 143

1. Student Name ____________________________

2. College ID Number _______________________

3. Post Office Box _________________________

I understand that the Department of Education will periodically request a review of my confidential
record held in the Dean of Students’ Office. This file includes any record of student conduct hearings,
findings and sanctions. Furthermore, I acknowledge that this request is a required component of the
ongoing Elizabethtown College Teacher Application Process.

Student’s Signature ____________________________ Date ______________

To the Dean of Students: Please complete items 1, 2, and 3 below and submit the completed form to the
Chair of the Education Department. Please call X1210 with any questions.

The above named student plans to submit an application for teacher certification. The Commonwealth of
Pennsylvania and other states require the College’s Chief Certification Officer (the Chair of the Education
Department) to attest to the “good moral character” of all applicants. To facilitate the process, please
answer the following questions:

1. Is the student/applicant currently in good standing in regard to Student Life records?
   Yes ____ No ____
   If no, please explain:

2. Has the applicant ever been placed on disciplinary probation, been suspended, been expelled, or been
   the subject of other disciplinary action by your office?
   Yes ____ No ____
   If yes, please explain:

3. Based on your review of this student’s record, do you judge him/her to exhibit good citizenship?
   Yes ____ No ____ (If no, please cite reasons below or on the back of this form)

Signature ____________________________ Date ____________________

Dean of Students (or designee)