

BRIGHAM YOUNG UNIVERSITY
CITES-Task Force on Gifted & Talented
Gifted & Talented Licensure Program Application

Please submit all application materials to: Brigham Young University,
 CITES-Task Force on Gifted & Talented 209 MCKB, Provo, Utah 84602

Application Deadlines: January 15th and August 15th

PART I: GENERAL INFORMATION

Name: _____ S.S.#: _____
Last Name First Name M.I.

Mailing Address: _____
Street Address City State Zip

Phone Number: _____ E-Mail Address: _____
(Required for dept. correspondence only)

Name of School District you are currently affiliated with (if any): _____

Citizenship: _____ U.S. Citizen _____ U.S. Permanent Resident _____
Registration Number Country of Citizenship
 _____ Non-U.S. _____
Country of Citizenship

PART II: ACADEMIC INFORMATION

Please complete the following. You must have a bachelor's degree (minimum) and have been licensed to teach in order to participate in this program.

Name of College/University: _____

Undergraduate Major: _____ Date of Graduation: _____

Teaching license and/or endorsements? _____ Yes _____ No

If yes, in what area? _____

Please list all colleges and universities attended (most recent first). Do not list secondary-level schools (high schools) or non-academic institutions.

Name of Institution	Location (City & State)	Years Attended (From - To)	Graduation Date	Degree Earned	Major

Overall University GPA: _____ GPA for last 60 credit hours: _____

For your application to be complete, we must receive TWO OFFICIAL TRANSCRIPTS from each institution attended. All applicants must provide evidence that they have completed, or are currently completing, their bachelor's degree BEFORE commencing the licensure program. These transcripts may be mailed directly to CITES-Gifted & Talented Task Force from the institution, or they may be submitted with your application if they are in the sealed envelope provided by the institution.

PART III: EMPLOYMENT HISTORY – In the field of Education, during the past five years:

School:	District:	Title/Position:	Dates Employed: (From - To)	Direct Supervisor:	Supervisor's Phone Number:

PART IV: VOLUNTEER EXPERIENCE – Working with individuals with disabilities:

Organization/ School:	Location:	Title/Position:	Volunteer Dates: (From - To)	Direct Supervisor: (if any)	Supervisor's Phone Number:

For this application to be complete, you must confirm the following with your signature:

I understand that this application will not be considered complete until all items are received by CITES-Gifted & Talented Task Force. To receive BYU credit for this program, students should be in good standing with both Brigham Young University, and the Church of Jesus Christ of Latter-Day Saints (if a member). Non-U.S. citizens must also have the proper visa to take courses for credit. All students are expected to uphold the University standards while in class. (See attachment)

I understand that falsification of information in this application is grounds for dismissal, and I certify that all statements contained herein are complete and true.

Date: _____

Signature: _____