

Brigham Young University Winter New Zealand 2<sup>nd</sup> Cohort Application  
Teacher Education

**Please submit a hard copy of this application along with your letter of intent to the NISTP office, 206L MCKB, by September 25, 2009.** Confidential letters of recommendation are also due on September 25, 2009. All information will be forwarded to the New Zealand Program Director.

Date: \_\_\_\_\_ Semester you are applying for: \_\_\_\_\_

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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Present Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Present Area Code & Phone \_\_\_\_\_

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Permanent Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Permanent Area Code & Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_ Citizenship: \_\_\_\_\_

1<sup>st</sup> Cohort District: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Liaison \_\_\_\_\_ CFA \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

Preferred grade you would like to ultimately teach? First choice \_\_\_\_\_ Second choice \_\_\_\_\_

Did you serve an LDS mission? Yes \_\_\_ No \_\_\_ Where: \_\_\_\_\_ Dates served: \_\_\_\_\_

Foreign languages(s) proficiency in: \_\_\_\_\_

Who should be contacted in case of emergency?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you agree to abide by the BYU honor code? \_\_\_\_\_ Do you have a current ecclesiastical endorsement form on file? \_\_\_\_\_

Ecclesiastical Leader's Name \_\_\_\_\_ Ward/Stake \_\_\_\_\_

Have you ever been on academic or honor code probation at BYU or any other school? \_\_\_\_\_

If yes, the program coordinator will discuss this with you personally.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval from 1st Cohort Liaison:

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Brigham Young University Winter New Zealand 2<sup>nd</sup> Cohort Application Teacher Education

Applicant's Name \_\_\_\_\_

I acknowledge the confidentiality of this form and hereby waive my right of access to the same. (This waiver is voluntary and not a condition of admission.)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

To the person providing the letter of recommendation:

This recommendation may be written on a separate sheet and attached to this form. If done on a separate sheet, be sure to include the student's name and your signature. Your recommendation is an important part of this student's application and no decision concerning his or her status with the program can be made until this recommendation is received by the program.

Please compare the candidate to other students with whom you have associated.

	Superior (top 10%)	Good (20% -30%)	Fair (40%-50%)	Poor (below 50%)	Unable to Judge
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to racial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the nature of your association with the candidate and any specific activities and/or accomplishments that demonstrate his or her strengths and weaknesses. Please feel free to add any additional comments you have that will help us to better evaluate this student. If more space is needed, please attach an additional sheet of paper.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Applicant's Name

Letter of Intent  
Brigham Young University Winter New Zealand 2<sup>nd</sup> Cohort Application  
Teacher Education

In 250 – 500 words explain your reasons for requesting a 2<sup>nd</sup> cohort experience in New Zealand. Please also explain what you believe you will offer the program and why it will be good for you. Your letter must be typed on this form. Please do not attach additional sheets. The letter must be typed. It may be written on a separate sheet and attached to this form. If written on a separate sheet, be sure to include your name and signature on it.