

HUMBOLDT STATE UNIVERSITY: ADAPTED PHYSICAL EDUCATION PROGRAM ADDED AUTHORIZATION APPLICATION

IMPORTANT COMPLETE ALL SECTIONS BELOW UNLESS OTHERWISE INDICATED. PLEASE TYPE OR PRINT CLEARLY and include unofficial transcripts that apply to application.

INCLUDE with your application a one page statement of why you want to be admitted to the HSU APEAA program and teach APE to children with disabilities

Personal Information:

(last name)	(first name)	(campus ID number if available)	
(street)	(city)	(state)	(zip)
()	()	()	
(CELL phone)		(work telephone)	
(email address)	(birth date)		
Male: _____	Female: _____	Non Binary: _____	
Asian or Pacific Islander: _____	African American: _____	Hispanic: _____	White: _____
Native American: _____	Multi-ethnic: _____	Other: _____	Decline to State: _____

List all community colleges, colleges, and universities attended.

<u>Institution</u>	<u>Dates of Attendance</u>	<u>Degree</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Overall GPA: _____

Previous and Current Teaching Experience.

Indicate grade level, district, school, duration, subject, public or private school.

California Teaching Credential.

Please check all that apply.

____ Single Subject Clear in Physical Education (SSPE)

____ Multiple Subject (MS) or ____ Education Specialist (ES)

____ Other (Explain) _____

Emergency Permit.

Are you currently teaching APE on an emergency permit? Yes _____ No _____

If yes: District: _____

School: _____

NOTE: Include unofficial transcripts that apply specifically to this application. IMPORTANT INCLUDE with your application a one page statement of why you want to be admitted to the HSU APEAA program and teach APE to children with disabilities

Do not write in this section, Department USE

Department Recommendation:

Admit: _____ Exceptional Admit: _____ Provisional Admit: _____ Deny Admission: _____
(with low grade point average)

Reason(s) for Provisional Admit or Deny Admission:

APEAA Advisor's Signature

Date