

SOUTHERN CONNECTICUT STATE UNIVERSITY

Personal and Professional Data

*Directions: Three copies to be filled out. Must be typed or on a computer*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

1. Professional courses taken ( both course title and number). If not taken at SCSU, indicate where courses was taken.

2. Courses taken in academic concentration ( both course title and number).

*Over*

**3. Experience in working with children and youth**

**4. Previous work experience**

**5. Participation in extra-curricular activities**

**6. Talents, skills or interests which may be assets in teaching**

**7. Travel experiences**

**8. Reasons you want to be a teacher**