

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