

**University of Hawai'i at Mānoa  
College of Education Application  
PBCSE Statewide Program**

Spring 2009

**Post-Baccalaureate Certificate in Secondary Education (PBCSE) Applicants**

PLEASE TYPE OR PRINT LEGIBLY IN INK.

**Full Legal Name** \_\_\_\_\_  
LAST FIRST MIDDLE

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **High School Attended** \_\_\_\_\_

**University of Hawaii System Student I.D. Number** \_\_\_\_\_ **(if applicable)**

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender\***  Female  Male

**Current Address** \_\_\_\_\_  
STREET APT. NO. CITY STATE ZIPCODE

**Permanent Address** \_\_\_\_\_  
STREET APT. NO. CITY STATE ZIPCODE

**Island of Residence** \_\_\_\_\_

**Current Home Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Permanent Home Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Current Work Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mobile Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Person to Contact in Case of Emergency** \_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
PHONE

**ETHNICITY CODE\***

Select the one category which best represents your ethnic background.

- AA African American or Black
- AI American Indian/Alaskan Native
- IN Asian Indian
- CH Chinese
- FI Filipino
- JP Japanese
- KO Korean
- LA Laotian
- TH Thai
- VJ Vietnamese
- OA Other Asian
- MA Mixed Asian
- HW Native Hawaiian/Part-Hawaiian
- SA Samoan
- TO Tongan
- GC Guamanian or Chamorro
- MC Micronesian (except Guamanian or Chamorro)
- OP Other Pacific Islander
- MP Mixed Pacific Islander
- CA Caucasian or White
- HS Hispanic
- MX Mixed Race (two or more races)

\*The University of Hawai'i must report to several federal agencies summary data on the gender and ethnic backgrounds of its applicants. Therefore, it is required that each person applying for admission, indicate his or her gender and ethnic background on the application form. This information does not affect determination of admission.

**Have you applied to the College of Education before?**

- Yes When? \_\_\_\_\_  
 No

<p style="text-align: center;"><b>Program Code(s)</b>                  (See Page 1 of "Instructions for Completing the COE Application")</p> <p style="text-align: center;">_____</p>	<p style="text-align: center;"><b>Secondary Academic Major</b>                  (See Page 1 of "Instructions for Completing the COE Application.")</p> <p style="text-align: center;">_____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p style="text-align: center;"><b>Estimated Cumulative GPA</b></p> <p style="text-align: center;">_____</p>	<p style="text-align: center;"><b>Estimated Major Cumulative GPA</b></p> <p style="text-align: center;">_____</p>	<p><b>SECONDARY MAJORS:</b> Compute your major cumulative GPA using <u>all</u> courses taken in your major field at all institutions attended. e.g., Social Studies majors compute your cumulative GPA using all Social Studies courses taken (e.g., Anthropology, Economics, Geography, History, Political Science, Psychology, Sociology, Hawaiian Studies).</p>
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Indicate which PRAXIS admissions test(s) you have taken or will take:**

- Pre-Professional Skills Test (PPST)  
 Computer Pre-Professional Skills Test (C-PPST)  
 Praxis Subject Assessment Content Knowledge Test

**Date(s) of PRAXIS admissions tests**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List ALL colleges & universities attended, including the University of Hawai'i, and any institution you are currently attending.**

INSTITUTION	FROM	TO	CREDITS EARNED	MAJOR	DEGREE EARNED	CUM. G.P.A.

**Institution Currently Attending**

**Semester/Year**

\_\_\_\_\_

**List Courses Currently Taking**


**If you have repeated any courses, please list them below.**

Initial					Retake				
Course	Institution	Semester	CR	Grade	Course	Institution	Semester	CR	Grade

**ESSAY**

**INSTRUCTIONS: Please word process and attach the essay to this application (no handwritten responses, please). On approximately 2-3 pages (12 point font, one-sided, double-spaced, and 1 inch margins), please answer the following to the best of your ability.**

1. Write a brief autobiographical sketch (i.e., hobbies, schooling experiences, work-related experiences, etc.).
  2. Explain convincingly your interest in and commitment to this educational program.
  3. Field experience is required in all College of Education programs. Please describe your field experiences. Identify the organization(s); age and/or grade level of the learners; your duties; dates of the experiences; and your immediate supervisors' names, addresses and phone numbers. Please include the number of hours you have completed for each field experience. Complete this section with attention to details to demonstrate you have fulfilled the minimum admissions requirement.
  4. In what ways do you think these field experiences will help you achieve your goals?
- 
- 

**PROFESSIONAL REFERENCES**  
**For all first-time applicants:**

List three persons that may be contacted as professional references, e.g., employer, instructor. The College reserves the right to contact professional references other than those listed.

Name	Mailing Address	Phone
Name	Mailing Address	Phone
Name	Mailing Address	Phone

---

---

**APPLICANT'S CERTIFICATION:** Successful completion of the PBCSE program leads to eligibility for a license to teach with the State Department of Education. Other criteria required by the Hawai'i State Department of Education may include, but are not limited to: (a) successful completion of the PRAXIS examination, (b) an original Tuberculosis (TB) Clearance certificate, and (c) fingerprinting and criminal background clearance.

**Please note, if admitted to the College of Education, you will be required to undergo fingerprinting and a criminal history background check, per DOE policy. Please contact OSAS for appropriate forms.**

**LIABILITY & MEDICAL COVERAGE IN A PRACTICUM:** Your program in the College of Education will require the completion of field experiences (practicum and residency). Effective Spring 1998, as a condition of placement in a field experience, the College requires liability coverage. You may secure coverage through any venue. For your information, liability coverage is available with membership in the Student National Education Association that is available through the College of Education Student Association (CESA). You may pick up a CESA application in the Office of Student Academic Services. Submit a photocopy of your liability insurance showing your name, policy number, and expiration date to the Office of Student Academic Services prior to enrollment. We also strongly advise students to secure medical coverage.

**TB Clearance:** In accordance with Hawai'i State school regulations, a University of Hawai'i student must present a valid, original Tuberculosis clearance certificate to the University Health Services upon admission to the University.

I hereby certify that I have read the information detailed in this application and that the information submitted for this application is complete and correct. I recognize that any intentional misrepresentation may be grounds for non-admittance or disenrollment from the College of Education. I authorize the University of Hawai'i College of Education to obtain information from my current and past employers or from any individual listed on this application form and attachments and waive the right to hold liable those persons from providing any requested information. It is understood that such information is to be held confidential.

---

Signature

Date

---

---

Thank you for your application to the College of Education.

College of Education  
Office of Student Academic Services  
1776 University Avenue, Everly Hall, Room 126  
Honolulu, HI 96822

**All documents must be received (not postmarked) by September 1, 2008, for Spring 2009 admission program starting in January 2009.**