

SECTION 3: TRANSFER SCHOOLS

1. Please list the colleges and universities you have previously attended:

| Transfer Schools | Years of Attendance | Degree and Major | Date Received |
|-------------------------------------|---------------------|------------------|---------------|
| School: Location (City & State): | | | |
| School: Location (City & State): | | | |
| School: Location (City & State): | | | |
| School: Location (City & State): | | | |

SECTION 4: LETTERS OF RECOMMENDATION

1. Give the names of three (3) persons from whom you have requested letters of recommendations:

| Name | Title/Position | Address and Telephone Number(s) |
|------|----------------|---------------------------------|
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SECTION 5: CRIMINAL BACKGROUND CHECK

Applicants for a Utah teaching license shall submit to a background check as a precondition for obtaining a teaching license. Fingerprints provided to the Criminal Investigations and Technical Services Division of the Department of Public Safety will be checked against applicable state, regional, and national criminal records files. The following criminal matters are included within the screening process:

- i. convictions;
- ii. any matters involving an alleged sexual offense;
- iii. any matters involving an alleged felony or class A misdemeanor drug offense;
- iv. any matters involving an alleged “offense against the person” under Title 76, Chapter 5;
- v. any matters involving a felony;
- vi. any matters involving a class A misdemeanor property offense alleged to have occurred within the previous three years; and
- vii. any matters involving any other type of criminal offense, if more than one occurrence of the same type of offense is alleged to have taken place within the previous eight years.

Should the background check uncover any of these matters, your teaching license will be in jeopardy.

I understand the purposes and implications of the criminal background check. I am neither confessing nor denying involvement in any of the matters listed above and I am not professing my innocence or guilt. I recognize that I will eventually be subjected to a background check and acknowledge that those findings may prevent me from obtaining a teaching license in the state of Utah.

Applicant’s name (printed): _____ Signature: _____ Date: _____

Witness's name (printed): _____ your relationship to applicant: _____
Witnesses signature: _____ Date: _____

SECTION 6: AFFIRMATION OF APPLICATION ACCURACY

I understand that all materials turned into the Department of Exercise and Sport Science becomes property of the Department and will not be returned to me or released to any other party. I understand that the Admissions Committee may not review an incomplete file. I understand that any transcripts turned in to the Department of Exercise and Sport Science will become a part of my licensure file and may be forwarded to the Utah State Office of Education when I am recommended for licensure. If I have any questions, I will contact the Department of Exercise and Sport Science at (801) 581-7558.

To the best of my knowledge, the information in this application is current, accurate and complete.

Print Name: _____

Signature of applicant: _____ Date: _____

SECTION 7: DEMOGRAPHIC INFORMATION

The Admissions Committee will NOT view this page. Your response to any of the following questions is optional. The information you are being asked to provide will assist the University in making its reports to the federal government. This page will NOT be retained in your permanent file within the Department and will NOT contribute to admissions decisions.

Please indicate into which category you classify yourself by marking the appropriate checkbox.

| | |
|--|---|
| <p>Gender <input type="checkbox"/> Female <input type="checkbox"/> Male</p> | <p>Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Multi-racial (specify) _____ <hr/> Other (please describe) _____ <hr/> </p> |
| <p>Ethnicity <input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> Non-Hispanic</p> | <p>Date of Birth: (Month, day, year) _____</p> |
| <p>Veteran Status <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Other Veteran <input type="checkbox"/> Vietnam Era Special Disabled Veteran <input type="checkbox"/> Other Veteran</p> | |

 The University of Utah is fully committed to affirmative action and to its policies of nondiscrimination and equal opportunity in all programs, activities, and employment with regard to race, color, national origin, sex, age, status as a person with a disability, religion, sexual orientation, and status as a veteran or disabled veteran. The University seeks to provide equal access to its programs, services and activities for people with disabilities. Reasonable prior notice is needed to arrange accommodations. Evidence of practices not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (V/TDD).

Upon request, this information is available in alternative formats, such as cassette, Braille, or large print

PRIVACY ACT NOTICE: The University confidentially maintains your social security number for routine uses, such as facilitating document matching, verifying identity, and expediting your enrollment and financial aid. Disclosure of your social security number is voluntary, but failure to provide your social security number may result in delay and confusion regarding your identity, and once admitted, could result in delay or loss of federal and state financial aid, tax credits, student loan deferments, veterans benefits, and other benefits under law.

 This identification information is requested for filing purposes, which will occur after the admissions decisions have been finalized.

Name: _____

Student ID Number: _____ Today's Date: _____