

Instructions

THIS FORM MUST BE TYPED. After typing your answers, please print this form and mail to:

Graduate School of Education and Counseling
 Lewis & Clark College
 Department of Education, MSC 14
 0615 SW Palatine Hill Road
 Portland, Oregon 97219-7899

Please indicate your program
(check box after printing form):
 Educational Leadership
 School Counseling
 Teacher Education

Personal Data

Name: _____

Title: _____

School: _____

Work Phone: _____ Home phone (optional): _____

Home Address: _____

Email: _____

Education *(begin with most recent)*

<i>College/University</i>	<i>Grad. Year</i>	<i>Degree/License</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Licenses *(begin with most recent)*

<i>License</i>	<i>Issuing State</i>	<i>Expiration</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Teaching, Counseling, and/or Administrative Experience *(begin with most recent)*

<i>Position</i>	<i>School</i>	<i>Years</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____