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)*

College/University	*Grad. Year*	*Degree/License*
1.		
2.		
3.		

Licenses *(begin with most recent)*

License	*Issuing State*	*Expiration*
1.		
2.		
3.		

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

Position	*School*	*Years*
1.		
2.		
3.		
4.		
5.		