

# Unity College Teacher Education Partner Application

## 1. Completed by Student

Name \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Partner school you are an instructional employee with? \_\_\_\_\_

Job Title: \_\_\_\_\_

Please explain why you have chosen to take classes at Unity College.

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## Background Information

College or University attended	Dates of attendance
_____	_____
_____	_____

Major: \_\_\_\_\_

Degree(s) received \_\_\_\_\_ Date received \_\_\_\_\_

Course(s) you would like to take at Unity College

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**I understand that the credits recorded will not be applied towards a degree from Unity College unless I become a fully matriculated student at Unity College.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Approval \_\_\_\_\_  
Signature