

INTERVIEW REQUEST FORM FOR ADMISSION INTO EDUCATION

Please provide the information requested below. Your department chairperson will contact you to schedule the date and time of your interview.

Date: _____

Name: _____ Student ID: _____

Degree Level: Undergraduate () Alternative 5th year Graduate ()

Major (Teaching Field): _____ Phone#: _____

JSU email Address: _____ **WE WILL CONTACT YOU PER JSU EMAIL ONLY**

Current Address (JSU Campus Box): _____

Best time to Contact during the day before 4:30: _____

PLEASE PRINT OUT AN ACADEMIC TRANSCRIPT AND A CAPP DEGREE EVALUATION TO ATTACH TO THIS APPLICATION

(Return top portion only)

Please check with the appropriate department to verify the interview schedule:

Curriculum and Instruction (Early Childhood, Elementary, Collaborative Education) – 256-782-5091

Educational Resources (Secondary Education) – 256-782-5848

Health, Physical Education and Recreation – 256-782-5515

Music – 256-782-5877

Family and Consumer Sciences – 256-782-5054

