



Application for Admission Checklist Graduate Certificate Programs

The Admission Committee is unable to review incomplete applications for admission. Therefore, we ask for your assistance in ensuring that all of your supporting documents are received by the published deadlines so that we can give full consideration to your application.

With the exception of official transcripts which must be sent to Erikson directly from the issuing college or university, we ask that you collect and submit all application materials (including letters of recommendation) together.

Please place your initials next to each of the following items to indicate that it is complete.

___ I have requested official, sealed transcripts to be sent to Erikson Institute from ALL previous colleges and universities that I have attended. I understand that Erikson cannot accept transcripts that have been issued to me.

I am enclosing all of the following items in support of my application for admission to Erikson Institute:

___ A completed and signed Application for Admission

___ \$40 application fee made payable to Erikson Institute

___ Personal essay (for Bilingual/ESL certificate program only)

___ Applicant Self-Disclosure Form

___ 3 letters of recommendation. Letters should be placed in a sealed envelope with the recommender's signature across the flap.

Applicant signature

Date

Please return this checklist along with all of the items noted above to:

Erikson Institute
Office of Admission
451 North LaSalle Street
Chicago, Illinois 60654-4510



Application for Admission Graduate Certificate Programs

PLEASE SELECT ONE OF THE FOLLOWING APPLICATION OPTIONS:

- Infant Specialist Certificate Program**
- Infant Mental Health Certificate Program**
- Bilingual/ESL Certificate Program**

PERSONAL DATA

Name _____
(Last) (First) (Middle) (Maiden/Birth name)

Other names you have used _____
(Last) (First) (Middle)

E-mail address _____

Current address _____
(Street)

(Street)

(City, State)

(Zip/Postal code)

(Country, if not U.S.)

Current until: _____
(MM/DD/YY)

Permanent address _____
(Street)

(Street)

(City, State)

(Country, if not U.S.)

(Zip/Postal code)

Telephone - Residence _____ Telephone - Mobile _____

Date of birth (MM/DD/YY) _____ Social Security number _____

Gender: Female Male

Are you a U.S. Citizen? Yes No If not, what is your country of citizenship? _____

If not a U.S. citizen, are you a permanent resident of the U.S.? Yes No

If you are living in the U.S. and are not a permanent resident, what is your visa classification? _____

Race/ethnicity (optional): Black/African American Asian/Asian American American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Hispanic/Latino White, non-Hispanic Other _____

Have you ever applied to, been admitted to, or enrolled in a degree or certificate program at Erikson Institute?
 Yes No

Will you be requesting financial aid? Yes No

Are you a veteran of the U.S. Armed Forces? Yes No

Are you currently enrolled in any other degree or certificate program? Yes No

If yes, please indicate where: _____.

SHORT ANSWER QUESTIONS

What skills and experiences will you bring to the program for which you are applying? _____

What are your goals for participating in the program for which you are applying? How will your participation influence your career in the next three to five years? _____

For Infant Specialist and Infant Mental Health applicants only:

1. Are you currently working with an organization serving infants and toddlers? Yes No

Please describe your program and the population it serves. _____

2. In which area(s) of infant/family work are you most interested? _____

3. Are you interested in receiving early intervention credentialing from the State of Illinois? Yes No

4. Please write a short essay (no more than one page) describing the experiences that you believe were formative in your early development and how those experiences influence your interest in and/or approach to working with infants and families.

For Bilingual/ESL applicants only:

1. What State of Illinois teaching certifications do you have? Type 03 Type 04 Other _____

2. What grade(s) do you currently teach? _____

3. Please list the languages and dialects spoken by the children in your classroom: _____

4. In what language(s) are you fluent or able to communicate effectively? _____

5. Do you work for a Chicago Public School? Yes No

6. Do you work for a CPS subcontracting agency? Yes No

7. Are you planning to apply for Bilingual Approval from the Illinois State Board of Education? Yes No

Are you planning to apply for ESL Approval from the Illinois State Board of Education? Yes No

8. Please write a short essay (no more than one page) describing the experiences that have influenced your interest in and/or approach to working with bilingual/ESL children and their families.

RECOMMENDATIONS

Arrange to have at least three letters of recommendation, using the enclosed form, forwarded to the Office of Admission. These should include one academic reference and one work (or volunteer) reference. Please list the names and addresses of your recommenders below.

	Name	Address	City, State, Zip Code
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

TRANSCRIPT REQUEST

You must request that official, sealed transcripts of **all** previous college and university work be sent directly to Erikson Institute by the registrar of each institution attended. Transcripts and records should be sent to:

Erikson Institute
Office of Admission
451 North LaSalle Street
Chicago, Illinois 60654-4510

Applications will not be reviewed until all transcripts and recommendations have been received.

English Language Proficiency (for applicants whose native language is not English)

If your native language is not English and you did not receive a degree from a college or university in the United States, you must submit scores from the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) as evidence of proficiency in oral and written English. Erikson Institute's Institution Code for the TOEFL exam is **0623**. Information on taking the TOEFL exam is available at www.toefl.org. Information on taking the IELTS exam is available at www.ielts.org.

SIGNATURE

I hereby certify that the information given by me on this application is complete and accurate. I understand that the knowing submission of false or misleading information may, at Erikson Institute's sole discretion, result in denial or revocation of admission.

Signature _____ Date _____

**A non-refundable fee of \$40 is required at the time this Application for Admission is submitted.
Please make check or money order payable to Erikson Institute.**

Erikson Institute does not discriminate against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, age, disability, or veteran status in matters of admission, employment, or services or in the educational programs or activities it operates, in accordance with civil rights legislation and institutional commitment. Any alleged violations of this policy should be directed to the Senior Vice President for Academic Affairs/Dean of Faculty.



Applicant Self Disclosure Form & Permission for Background Check

The Institute requires the following disclosures both to comply with state law regarding field placements and also to ensure a safe environment for all members of the Institute community. The existence of a conviction or past disciplinary problem in your record does not necessarily mean that you will be denied admission to Institute programs or dismissed from the programs. Each case is evaluated individually on its facts and not all convictions or disciplinary actions are considered disqualifying to the course of study at the Institute. Please answer the following questions honestly; any false or misleading statements may result in rescission of admission or dismissal. Prior to beginning an internship, each student will be required to undergo and successfully complete a name-based student background check.

Name: _____ Social Security #: _____

1. Have you ever had a professional certificate or license denied, suspended or revoked?
 Yes No
2. Have you ever been convicted of a felony or any sex, narcotics or drug offense?
 Yes No

For purposes of this form, a "conviction" includes any plea of guilty or finding of guilt by a judge or jury to charges that you committed a crime other than a minor traffic offense. This includes any pleas of no contest or nolo contendere, or any conviction currently being appealed.

You need not disclose any instance in which you were (1) arrested but not charged, (2) arrested and charged but the charges were dropped, (3) arrested and tried but found not guilty by a judge or jury, (4) arrested and found guilty, but the conviction was reversed on appeal, or (5) found or pleaded guilty but were subsequently pardoned.

3. Have you ever been named by an agency responsible for child welfare as a perpetrator in any indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?
 Yes No

If you answer "yes" to any of the above questions, you are required to furnish complete details, including date, place, and documents (including police reports, certified court records, or any other documents constituting judicial, legislative, or agency decisions relating to the conduct at issue). Please answer these questions honestly; any false or misleading statements may result in rescission of admission or dismissal.

I, _____ understand that I have a continuing duty to disclose and agree to notify the Institute immediately of any conviction that occurs while I am enrolled at the Institute. I understand that I may be asked to respond to follow-up questions at subsequent intervals, to undergo fingerprinting analysis at the request of outside field placement entities, or to agree to an updated criminal background check during my studies at the Institute.

By my signature below, I authorize the Institute to obtain information from appropriate persons to validate or learn more about the above-referenced conduct or circumstances. I authorize the pertinent government agencies to disclose to appropriate officials of the Institute, on a strict need-to-know basis, the facts and circumstances of my criminal convictions, incarcerations, probations, and parole, if any. Finally, I consent to this disclosure to permit the Institute to make informed, education-related decisions regarding my admission, participation in internships or other field service, or continued studies at the Institute.

Applicant signature

Date



Recommendation for Admission Graduate Certificate Programs

Applicant Name _____
(last) (first) (middle) (maiden/birth name)

Address _____
(Street) (City, State) (Zip Code)

Daytime Phone _____ E-mail address _____

APPLICANT: Please check the option of your choice and sign and date this form before submitting to recommender.

_____ I wish to have access to this letter of recommendation; it will not be confidential and will be incorporated into my file for the purpose of seeking admission to Erikson Institute.

_____ I waive my right of access to this letter of recommendation and request that it be incorporated into my file for the purpose of seeking admission to Erikson Institute.

Applicant's signature _____ Date _____

If there is no applicant signature, this will be treated as a non-confidential recommendation.

RECOMMENDER: Please include in your recommendation your estimation of the applicant's intellectual and academic capabilities, suitability for intensive work with children and parents, stability, reliability, relationships with colleagues, and reactions to criticism. Please also comment on the applicant's leadership skills and potential. You may use this form or attach a letter on your institutional letterhead.

Signature of recommender _____ Date _____

Name and title: _____

Organization: _____

Address: _____
(Street) (City, State) (Zip Code)

Daytime Phone () _____ E-mail address _____