



Marshall Space Flight Center



Oakwood College

Please Print All Information

Personal Information

Name _____ Male Female
First Middle Last

Date of Birth ____/____/____ City/State of Birth _____

Citizenship _____ Social Security # ____-____-____

School Address _____
Street City State Zip Code

Permanent Address _____
(Where you can be reached after April 30, 2004)

City State Zip Code

E-mail Address: _____ @ _____

School Phone () _____ Permanent Phone () _____
(Where you can be reached after April 30, 2004)

Cellular Phone () _____

Emergency Contact: _____ relationship: _____

Emergency Phone: _____ Other Phone: _____

Academic Profile

University: _____

City: _____ State: _____

Major: _____ Minor _____

Present Classification: Freshman Sophomore Junior Senior Graduate

Cumulative G.P.A. _____ Career Goal: M.Ed. Ed.D. Ph.D.
(As of Fall 2003)

Other (Specify) _____

Do you have a health condition that would keep you from fully participating in the Institute:

Yes No If yes, explain _____

List the college science and mathematics education courses that you have taken and the grade you earned in each course: (If additional space is required, attach sheet)

Course	College/University	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any honors and/or awards that you have received during the past 3 years (including high school):

List any extracurricular and community activities in which you have participated in the past 3 years:

Attachments (Applications are considered incomplete without all of the following attachments)

- Attach to this application a typed paragraph (250 words or less) describing
 - Your particular interest in teaching;
 - Your career objectives; and
 - why you are interested in participating in this program
- Attach an updated copy of your transcript (an unofficial copy is acceptable) Transcripts from **ALL** colleges/universities you have attended are required)
- Attach copy of your current resume
- \$20.00 non-refundable application fee. Make check or money order payable to Oakwood College. **Do not send cash.**
- Attach two (2) letters of recommendation from two of your previous instructors. List these instructors below. (Please use the PSTI Recommendation Form)

Name _____ Department _____

Name _____ Department _____

I certify that the above information is accurate. I give my permission to the Program Director to share this application including my transcripts and other pertinent information with NASA and Oakwood College officials.

Signature _____

Date ____/____/____

Phone: () _____

(Where you can be contacted after April 30)



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RECOMMENDATION FORM

(Please Print all Information)

Please give to the student in a sealed envelope to include in his/her application package or mail directly to: NASA/Marshall Space Flight Center, Mail Code: OS01, Pre-Service Teacher Institute, MSFC, Alabama 35812, Attn: Chanel Leslie

Applicant's Name: _____

University: _____

RECOMMENDATION

Your Name: _____

Title at University: _____

Department: _____

University Address: _____

Please rate the applicant

	Excellent	Very Good	Average	Below Average
Academic Achievement	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Potential for Growth	_____	_____	_____	_____
Independence	_____	_____	_____	_____
Potential to Complete Degree	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Overall Progress	_____	_____	_____	_____

Additional Comments: _____

Signature _____

Date ____/____/____