

Student Acknowledgement and Authorization Regarding Field Experience

Wichita State University College of Applied Studies requires all prospective teacher education candidates to pass a criminal background check that they obtain at their own expense. A current Substitute Teaching license will be accepted.

I am informed and understand, accept, and agree to abide by the following:

1. I understand that I am required to consent to a background check which may include, but is not limited to an investigation regarding whether I am registered as a sex offender and whether my criminal history raises reasonable questions about my ability to obtain a license in the State of Kansas.
2. I understand that passing the criminal background required at application to teacher education does not replace nor ensure I will pass the Kansas Department of Education (KSDE) background check required when applying for licensure.
3. I understand I am required to obtain and pay for all background checks and criminal history investigations as an applicant to the Wichita State University Teacher Apprentice Program.
4. I understand that I am required to have such information forwarded directly to the College of Applied Studies at Wichita State University.
5. In the event that information regarding my background check and/or criminal history investigation is provided to Wichita State University, I understand that officials of Wichita State University may review such material to determine whether any information discovered during any background check or criminal history investigation renders it reasonably questionable whether I will be able to obtain a license in the State of Kansas.
6. I understand and hereby give my consent for Wichita State University to release information relating to my criminal history or any investigation thereof and to discuss and/or disclose the results of any background check or criminal history investigation to or with the appropriate faculty as deemed necessary or appropriate by Wichita State University.
7. I understand that Wichita State University, in its sole discretion, may make this determination, and in the event that it determines my ability to obtain a license in the State of Kansas may reasonably be questioned, I will not be allowed to participate in the required field experiences. I understand I will be given an opportunity to explain and comment to the Chair of my Academic Department at Wichita State University on the results of any background check attained pursuant to this acknowledgement and authorization; provided, however, that I understand it may be Wichita State University's responsibility, as mandated by the State of Kansas, to make a determination as to whether or not my criminal history or other status as revealed by a background check or criminal history investigation raises reasonable questions about my ability to obtain a license in the State of Kansas. If the issue cannot be resolved, this may ultimately result in my inability to continue my admission in the above-noted academic program.
8. Please sign and electronically submit your form to parapath@wichita.edu.

By signing herein, I acknowledge that I have read, understand and agree to abide by the statements above.

Student Printed Name

Student Signature

Date