
**The University of North Carolina at Pembroke
Teacher Education Program
Request for a Plan of Study (Licensure Only/Residency)**

First Name: _____ Middle/Maiden Name: _____ Last Name: _____
Social Security Number: _____ - _____ - _____ Home or Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail address: _____

Educational Background:

College/University*	Dates Attended	Degree
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***Before processing can begin on your request, official transcripts of degree dated college/university work and any additional relevant coursework must be on file in this office.**

***Residency candidates with an admission GPA below 2.7 will be considered upon completion of additional courses with a grade of B or better. A cumulative gpa of 2.7 is required to be admitted to the Educator Preparation Program and must be maintained throughout the program to be eligible for your NC license.**

Request *ONE* area from the following:

<input type="checkbox"/>	Academically and Intellectually Gifted (AIG) Add-On (K-12) (If you currently hold a clear license)
<input type="checkbox"/>	English as a Second Language Add-On (K-12) (If you currently hold a clear license)
<input type="checkbox"/>	Pre-School Add-On (If you hold a clear license in Elementary Education, Family or Consumer Sciences or Special Education.)

Current LEA (Local Education Agency), school employer, center (If applicable):

Current School and Grade (If applicable):

Signature

Date

UNC Pembroke
School of Education
Licensure Office
Post Office Box 1510
Pembroke, NC 28372
(910) 521-6397
www.uncp.edu/soe