

The University of North Carolina at Pembroke
 Graduate Candidate for Professional Licensure (GCPL) Data Form

The applicant must keep information provided on this form current.

If any changes occur to the information listed below, notify the School of Education immediately.

Demographics:

Student ID: _____

_____ **Last Name** _____ **First Name** _____ **Middle Name** _____ **Maiden Name**

Ethnicity: White American Indian/Alaskan Black/African-American
 Hispanic Asian/Pacific Islander Other

Date of Birth: ___/___/___ **Gender:** Female Male Other
 Month Day Year

Email Address: _____

Mailing Address:

Street 1: _____

Street 2: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ - _____ **Cell Phone Number:** (____) _____ - _____

General Information: Graduate (MAT)
 Graduate (MA or MA Ed.)
 Graduate (MSA)
 Employed in NC/Lateral Entry
 Add-On (ESL Add-On, MSA Add-On, Professional School Counseling Licensure Only)

Education Programs:

Degree Type: Master

License Type: Initial Add-On Advanced

Licensure Area: _____

Admit Date: Fall _____ Spring _____

Expected Completion Date: ___/___/___ Semester: Fall Spring

Student type: Full-time Part-time

This section to be completed by School of Education

Admittance Exams

New MAT: < > < > < > < > ___/___/___

Old MAT: < > < > < > < > ___/___/___

GRE: < > < > < > < > ___/___/___

Q.P.A.: _____ ___/___/___

Date Admitted: ___/___/___

Completion Exams

Subject Area Exam:

Code _____ **Description** _____ **Score** _____ **Date** ___/___/___

Code _____ **Description** _____ **Score** _____ **Date** ___/___/___

Code _____ **Description** _____ **Score** _____ **Date** ___/___/___

Code _____ **Description** _____ **Score** _____ **Date** ___/___/___

IHE where received degree: _____

Bachelor Degree: **IHE** _____ **Completion Date** ___/___/___

Master Degree: **IHE** _____ **Completion Date** ___/___/___