

The University of North Carolina at Pembroke
 Teacher Education Program Candidate for Professional Licensure (CPL) 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
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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: Undergraduate
 Employed in NC/Clear
 Licensure Only (Not Employed in a School System)
 Employed in NC/Lateral Entry

Education Programs:

Degree Type: Bachelor Other (specify) _____
License Type: Initial Add On Upgrade
Classification: Sophomore Junior Senior Special *(Has earned a Bachelor's Degree)*
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

	PPST:	Paper	Computer	SAT:	ACT:	Date	
Reading	<	>	<	>	<	>	___/___/___
Writing	<	>	<	>	<	>	___/___/___
Math	<	>	<	>	<	>	___/___/___
Date Interviewed:	___/___/___						
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** ___/___/___