

**The University of North Carolina at Pembroke
Teacher Education Program
Request for a Plan of Study**

Please print the following information:

First Name: _____ Middle/Maiden Name: _____ Last Name: _____

Social Security Number: _____ - _____ - _____ Daytime Phone: (____) _____ Cell Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Educational Background:

For Office Use ONLY	College/University*	Dates Attended	Degree
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

***Before processing can begin on your request, official transcripts of ALL college/university work and any North Carolina licensure areas now held must be on file in this office. A cumulative QPA of 2.5 on a 4.0 scale is required in order to issue a POS.**

Request *ONE* area from the following:

Licensure Area	
Academically and Intellectually Gifted (AIG) Add-On (K-12) (If you currently hold a clear license)	Mathematics (9-12)
Art (K-12)	Music (K-12)
Biology (9-12)	Physical Education (K-12)
Birth-Kindergarten (B-K)	Pre-School Add-On (If you hold a clear license in Elementary Education, Family or Consumer Sciences or Special Education.)
Elementary (K-6)	Social Studies (9-12)
English (9-12)	Science – (9-12) Circle one (1): Biology Chemistry Earth Science Physics
English as a Second Language Add-On (K-12) (If you currently hold a clear license)	Spanish Education
Middle Grades – (6-9) Circle one (1): Language Arts Mathematics Science Social Studies	Special Education: General Curriculum (K-12)

Full-Time Teaching Experience: _____

Signature

Date