



SCHOOL OF EDUCATION

Educator Preparation Program Admission Candidate for Professional Licensure Data Form

General Information

Student ID: _____ Date of Birth: _____
 First Name: _____ Middle/Maiden Name: _____ Last Name: _____
 Email Address: _____
 Telephone Number (Home or Cell) _____
 Licensure Area that you are seeking: _____

Ethnicity/Race (Choose One): <input type="radio"/> American Indian/Alaskan <input type="radio"/> Native <input type="radio"/> Asian <input type="radio"/> African-American	<input type="radio"/> Hispanic/Latino	Gender (Choose One): <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Prefer Not to Answer
	<input type="radio"/> Native Hawaiian/Pacific Islander	
	<input type="radio"/> White	
	<input type="radio"/> Multi-Racial	
	<input type="radio"/> Other	

Licensure Pathway (Choose One): <input type="radio"/> Undergraduate <input type="radio"/> Undergraduate Licensure Only-earned a degree <input type="radio"/> Add-On <input type="radio"/> Graduate <input type="radio"/> Graduate Licensure Only-earned a degree <input type="radio"/> Residency Licensure	Classification (Choose One): <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> Special (has earned a degree)	Student Type: <input type="radio"/> Full-Time <input type="radio"/> Part-Time
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(Initial) _____ I acknowledge that I will not be able to “commence with a clinical practice (internship) until I have earned a grade point average of at least a 2.7” (SL2020-3) except School Social Work

Statement of Applicant

Have you ever had a certificate of license revoked or suspended by any state or other governing body? If yes, attach a statement giving full details and official documentation of the action taken.

- Yes No

Have you ever been convicted of a crime (excluding minor traffic violations)? If yes, you must submit court documents that indicate judgment and disposition of the case from the court of conviction and an explanation of the incident(s).

- Yes No

With this document, I hereby make application to the UNC Pembroke Teacher Education Program. I understand that this document is only an application and I am not considered admitted to the Teacher Education Program until I receive written documentation from the UNC Pembroke Teacher Education Program Licensure Officer. I understand that falsification of any statement or document will result in denial or dismissal from the UNC Pembroke Teacher Education Program. I certify that the information given in this application is complete, correct and true.

Signature

Date