

APPLICATION FOR ADMISSIONS

Indiana Licensing Certification

_____ YEAR _____ Fall (August-December) _____ Spring (January-May)

General Information

Date of Birth

Last four digits of SSN

Legal Name:

Last

First

Middle

Maiden

Mailing Address:

E-mail:

Alternative E-mail:

Phone:

Work Phone:

Place of Employment:

Title/Position:

Employer Address:

Phone:

Emergency Contact Person:

Phone:

Demographic Data:

1. Are you Hispanic or Latino? Yes No

2. Select one or more of the following: American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

3. Are you a United States Citizen? Yes No

Gender: Male

Female

Gender Neutral

Educational Information

Highest Degree Earned:

Bachelor's

Master's

Do you hold a valid teaching license yes no

Is the license an emergency Permit or Transition to Teach? EP T2T

License number

**Teaching License Content Area(s)-

**This content area MUST match your degree for Indiana licensure.

Have you taken any licensure exams?

Content Assessment (Name of Assessment)

Date(s)

Score(s)

Universities from where you hold a conferred degree.

Name	City	State	Zip	Date Attended	Degree received
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Name	City	State	Zip	Date Attended	Degree received
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Signature

Date