Educator License Application

To be filled out by Student (Please type or print in **Black** ink using a medium point pen and complete **ONLY** those areas that are applicable.)

Full Name: (Last) (First) (Middle) (Birth Name)	Date:
	Social Security #

Mailing Address (including City, State & Zip)	Student ID#
	Cactus ID#

Sex:	Ethnic Background*:	Citizenship:	Place of Birth:	Date of Birth:

Previous Utah Educator License (If Any): Yes No	Year Granted:
Have you ever had a credential revoked or suspended? Yes No	If yes, where?

Have you ever been convicted of violating any law, except minor traffic violations? _____ (Convictions for Driving Under the Influence of drugs or alcohol shall be reported.) If yes, explain on a separate sheet. **If a background check reveals that you have made false statements, your license may be revoked.**

I verify these statements are true, and I understand this information may be used or provided to potential employers and to the Utah State Office of Education for appropriate licensure and professional development purposes. I also give permission for the university to submit my preservice test scores for licensure.	**Applicant's Signature**:

*Ethnic background information is being requested for state and federal reporting purposes; however, you are not required to respond.

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License Area	Endorsements	ETS Test #	ETS Test Score	ETS Test Date

Required: Endorsement determined by:	Required if recommending in a minor field:
_ degree major/program completion _ degree major equivalent by transcript review _ degree major equivalent by 100% testing _ degree major equivalent by 50% test; 50% by transcript review	_ degree minor/program completion _ degree minor equivalent by transcript review _ degree minor equivalent by 100% testing _ degree minor equivalent by 50% test; 50% by transcript review

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Degree: B.S./B.A./B.M./B.F.A.	Degree: M.A./M.S./M.Ed.	Degree: Ph.D./ Ed.D.
University: State:	University: State:	University: State:
Date Awarded:	Date Awarded:	Date Awarded:
Major(s):	Major(s):	Major(s):
Minor(s)		

FOR RECOMMENDING DEPARTMENT

Program requirements verified for completion and accuracy by:

_____   _____   _____   _____
Printed Name   Department   Signature   Date

RECOMMENDING COLLEGE/INSTITUTION

This is to certify that the applicant has completed the requirements in the approved program for this license and that all information submitted is accurate:

_____   _____   _____   _____
Signature of Institutional Officer   Title   Printed Name   Date

College of Education, University of Utah

Online Recommendation: _____   _____   _____