

*The University of Tennessee at Chattanooga
College of Health, Education and Professional Studies*

**APPLICATION FOR PROGRAM
LEADING TO INITIAL LICENSURE**

NAME _____ SS# _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

LICENSURE SOUGHT _____

EDUCATIONAL HISTORY Include graduate and post-baccalaureate as well as undergraduate work. Attach transcripts.

College / University	Dates	Degree	Course of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER RELEVANT TRAINING (workshops, etc.)

Description	Dates	Location	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELEVANT WORK EXPERIENCE

Description	Dates	Location	Supervisor

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation in the College of Education and Applied Professional Studies at UTC. With this in mind, I certify that the statements herein are correct and complete.

Signature _____ Date _____

For office use only

Advisor Assigned _____ Date _____

- Transcript Received _____
- Advisor Review Completed _____
- Committee Review Completed _____
- Applicant Notified _____
- Program Begun _____
- Program Completed _____
