

LICENSURE ONLY STUDENT APPLICATION

(\$25.00 Fee)

HAVE YOU EVER BEEN A STUDENT AT NCCU? YES NO

NAME _____ SOCIAL SECURITY _____
(Last, First, Middle/Maiden)

PERMANENT ADDRESS (Street or Route) _____ (City) _____ (State) (Zip) _____ (Telephone #) _____

SEX: Female Male

MARITAL STATUS: Single Married Other

RACE ETHNIC GROUP:

African American (not of Hispanic origin)
Asian or Pacific Islander
Hispanic (Regardless of Race)
Native American/Alaskan
White (not of Hispanic origin)

MILITARY STATUS:

Veteran Non-Veteran Active
Are you applying for Military Benefits? Yes No

DATE OF BIRTH _____

RESIDENCE INFORMATION (Use Codes on Back)

State of Legal Residence _____ If Legal Residence of North Carolina, indicate the date of initial residence _____

If foreign, indicate Nationality _____ Last place of residence, if N.C. enter county code. otherwise enter state code or name of foreign country _____

Is your Parent, Guardian, or Spouse currently on Active Duty with the Armed Forces or employed by the Federal Government? Yes No

If Parent Guardian or Spouse is a Legal Resident of North Carolina indicate the date of initial residence: _____

NEAREST RELATIVE:

(Name/Relationship) (Address/City/Zip) (Telephone)

Undergraduate Degree earned at _____ Year _____

ENTER INTENDED DEGREE AND LICENSURE DEGREE SOUGHT? _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(Signature)

(Date)

NORTH CAROLINA COUNTY CODES

001 Alamance	026 Cumberland	051 Johnson	076 Randolph
002 Alexander	027 Currituck	052 Jones	077 Richmond
003 Alagharry	028 Dare	053 Lee	078 Robeson
004 Anson	029 Davidson	054 Lenior	079 Rockingham
005 Ashe	030 Davie	055 Lincoln	080 Rowan
006 Avery	031 Duplin	056 Macon	081 Rutherford
007 Beaufort	032 Durham	057 Madison	082 Sampson
008 Bertie	033 Edgecombe	058 Martin	083 Scotland
009 Bladen	034 Forsyth	059 McDowell	084 Stanly
010 Brunswick	035 Franklin	060 Mecklenburg	085 Stokes
011 Buncombe	036 Gaston	061 Mitchell	086 Surrey
012 Burke	037 Gates	062 Montgomery	087 Swain
013 Cabarrus	038 Graham	063 Moore	088 Transylvania
014 Caldwell	039 Granville	064 Nash	089 Tyrrell
015 Camden	040 Greene	065 New Hanover	090 Union
016 Carteret	041 Guilford	066 Northampton	091 Vance
017 Caswell	042 Halifax	067 Onslow	092 Wake
018 Catawba	043 Harnett	068 Orange	093 Warren
019 Chatham	044 Haywood	069 Pamlico	094 Washington
020 Cherokee	045 Henderson	070 Pasquotank	095 Watauga
021 Chowan	046 Hertford	071 Pender	096 Wayne
022 Clay	047 Hoke	072 Perquimans	097 Wilkes
023 Cleveland	048 Hyde	073 Person	098 Wilson
024 Columbus	049 Iredell	074 Pitt	099 Yadkin
025 Craven	050 Jackson	075 Polk	100 Yancey



North Carolina Central University

Durham, North Carolina 27707

APPLICATION RELATING TO CLAIMED NORTH CAROLINA RESIDENCE FOR TUITION PURPOSES

IF YOU CLAIM TO BE A NORTH CAROLINA LEGAL RESIDENT FOR TUITION PURPOSES, COMPLETE THIS APPLICATION

North Carolina law (G.S. 116-143.1) requires that "to qualify for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." The information requested on this form must be supplied by every applicant for admission or readmission to North Carolina Central University who claims to be eligible for the N.C. tuition rate. Complete the form and return it with your application for admission. This information is to be used only in connection with determination of your residence status and tuition purposes.

The law requires that every student admitted to the University (initially or after a lapse in enrollment) be classified for the term admitted as either a resident or nonresident for tuition purposes, prior to enrollment. To be classified as a resident for tuition purposes, you must furnish such evidence as the University may require to enable it to make such classification. If you claim North Carolina residence for tuition purposes, you must file this application promptly. Unless you are notified to the contrary in writing your classification in the university is non-resident for tuition purposes for your proposed term of enrollment.

YOU MUST ANSWER ALL QUESTIONS ON THIS SHEET.
PRINT OR TYPE YOUR RESPONSES. FOR ANY INAPPLICABLE QUESTIONS, WRITE N/A.

- (Voluntary)
Soc. Sec. No. _____
1. Full Name _____
Last First Middle
 2. Age _____ Date of Birth _____ Place of Birth _____ Citizenship _____
 3. Current Mailing Address _____
Number Street City State Zip
Until (Date) _____ Telephone (Area) _____ (No.) _____
 4. If you are married: Spouse's Name _____ Date of Marriage _____
 5. Father Living? Yes No His Name _____
 6. Mother Living? Yes No Her Name _____
 7. If your parents are divorced, whose custody are/were you? _____
 8. Name of court-appointed guardian (if applicable) _____
 9. If you have a court-appointed legal guardian, I where (place)? _____
 10. Have you, or your spouse, or either of your parents been in active military service within the past two years? Yes No
 11. Check each of the following you have ever done outside North Carolina:
attended post-secondary school worked
 12. Secondary (high or preparatory) schools you, attended in sequence (give school name, address [place & state], dates you attended):
a. school _____ address _____ attended from _____ to _____
b. school _____ address _____ attended from _____ to _____
c. school _____ address _____ attended from _____ to _____
 13. Are you currently enrolled in college? No Yes , where _____

14. Give the permanent home address (Street, City, State) of each person listed below.

	DATE MOVED THERE?
Yours	
Spouse	
Father	
Mother	
Guardian	

15. If you or your spouse had other N.C. addresses in the past 5 years, give the following information for those addresses:

	Address (Street, City, State)	Lived there from (Date)	To (Date)
You			
Spouse			

16. Give the last address outside N.C. (Street, City, State) for each person listed below.

	Address (Street, City, State)	Lived there from (Date)	TO (Date)
Yours			
Spouse			
Father			
Mother			
Guardian			

17. Are you an Alien? No Yes , please list Visa # _____

18. Was a N.C. State Income Tax filed? Yes No What year? _____

a. Filed state intangible tax return? Yes No

b. Listed personal property for taxation? Yes No

IF ADDITIONAL INFORMATION IS NEEDED, THE APPLICANT WILL BE NOTIFIED.

I hereby acknowledge that completion of item I (Social Security Number) is voluntary, is requested by the institution solely for administrative convenience and record keeping accuracy, and is requested only to provide a personal identifier for the internal records of the institution.

I hereby acknowledge that the institution may verify all the information I have set forth herein as true to the best of my knowledge, pursuant to my reasonable inquiry where needed.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been in attendance at this institution.

Signature of Applicant

Signature of Parent or Guardian also,
if applicant is under 18 years of age.

Date

Application to the NCCU Teacher Education Program

To the applicant: Complete the top portion of the application and return it, with a copy of your final transcript and current licensure, to your program coordinator.

Name: _____ Social Security No: _____

Statement of applicant: Have you ever been convicted of a felony or crimes other than minor traffic offenses? Yes No
 If the answer is yes, give the date, name of the offense, the trial court (including city and state), and any other pertinent information on a separate sheet of paper.

Local address: _____
 Street _____ City _____ State _____ Zip _____

Permanent address: _____
 Street _____ City _____ State _____ Zip _____

Local Phone: _____ Permanent Phone: _____ Date of Birth: _____

Gender: Female Male
 Race: African American Caucasian Alaskan Native/Native American Hispanic, non-Black Asia/Pacific Islander Other

Post-secondary degrees held: _____ Major _____ Institution granting degree: _____ Date: _____

Do you hold ...
 A current clear license? Yes No If yes, list the area(s): _____
 A current lateral entry or provisional license? Yes No If yes, list the area(s): _____
 Did you hold a license that has lapsed? Yes No If yes, list the area(s): _____
 Are you currently working in a school system? Yes No If yes, list the school, system, and your title/position

School System Title/Position

Check the area in which you are seeking licensure and indicate second major if applicable.

Elementary Education <input type="checkbox"/> Elementary Education (K-6) Second Concentration _____ Middle Level Education (6-9) <input type="checkbox"/> Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	Secondary Education (9-12) <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Comprehensive Social Studies <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics <input type="checkbox"/> Music Vocational Education <input type="checkbox"/> Family & Consumer Sci. <input type="checkbox"/> Birth - Kindergarten	Special Education _____ Area) Special Subject Areas (K-1 2) <input type="checkbox"/> Art <input type="checkbox"/> French <input type="checkbox"/> Health Specialist (2nd major _____) <input type="checkbox"/> Physical Education (2- major _____) <input type="checkbox"/> Spanish <input type="checkbox"/> Theater Arts
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NOTE: This section should be completed by the coordinator of the applicant's desired area of licensure.

LICENSURE-ONLY STUDENT (non-degree program)

1. Holds a bachelor's degree with a 2.5 overall average.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Holds a master's or doctoral degree.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is a lateral entry teacher.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Holds a provisional license.	<input type="checkbox"/> Yes <input type="checkbox"/> No

UNDERGRADUATE STUDENT (first or second degree)

1. Is a second degree student.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has completed all courses in the CFAS program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has a minimum overall GPA of 2.5 on a 4.0 scale.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has completed 1 speech/2 Eng., with min grade of C in each.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Praxis: PPST: _____ CBT: _____ GPA (upon application): _____
 Reading _____ Date _____ Reading _____ Date _____
 Writing _____ Date _____ Writing _____ Date _____
 Math _____ Date _____ Math _____ Date _____
 Expected completion date: _____
 Submission (today's) date: _____

The student has met the above criteria and is recommended for admission to the Teacher Education Program.

Coordinator's Signature _____ Program _____

To be initialed by Licensure Officer: Student approved by the Teacher Education Council: _____ Date of Admission _____