



Admissions to Residency II (UG) Application

Deadline: October 30

Please TYPE on this document.

This form is to serve as a declaration of my intent to enter **Residency II** during the _____ Semester of 20____. I understand that I must have registered, taken, and received scores for the Praxis II Content Knowledge Exam that pertains to my area of sought licensure. I also understand that once admitted into Residency II, I must ***take and pass*** the edTPA performance assessment to be recommended for a practitioner-license in Tennessee.

Major: Early Childhood Elementary Secondary/All Grades
 Subject: _____

Student's Name (Print)

T#

Student's Signature

Date

Email Address

Phone#

Copy of your DegreeWorks Status

*Note: Your progress towards degree should be verified by your advisor.

[Two \(2\) Disposition Assessment Form](#) – Residency II/Student Teaching

➤ #1 Disposition [Master Clinician/University Supervisor] _____

➤ #2 Disposition [Mentor Teacher] _____

***Please return this document to the Office of Teacher Education and Student Services.
 Clay Hall, 112 or via email at teachercertification@tnstate.edu**

TESS Office Only	Date Received _____	By _____
Application for Residency (Semester/Date): _____		
Interview Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reason for Denial:		

Licensure Applicant Information: Please complete using black ink.

CONTACT AND DEMOGRAPHIC INFORMATION

Full Name: _____ **Date:** _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Birth Date: _____ **Social Security No.:** _____ **Endorsement:** _____

The following information is collected for the purposes of federal reporting requirements. Please provide responses.

1. **Ethnicity** - Choose one: Hispanic or Latino Not Hispanic or Latino
2. **Race** – Mark all that apply: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian – Other Pacific Islander White
3. **Gender** - Female Male

SECTION 2: PERSONAL AFFIRMATION *

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny license. Check the appropriate response for each question. Do not include matters that the State board of Education has previously investigated and found “No Probable Cause” to take any disciplinary action.

- ___ Yes ___ No 1. Have you been convicted of a felony, including conviction on a plea of guilty a plea of *nolo contendere* or an order granting pre- trial diversion?
- ___ Yes ___ No 2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of *nolo contendere* or an order granting pre-trial diversion?
- ___ Yes ___ No 3. Have you had a teacher’s certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license. (Allowing a license to expire does not apply).
- ___ Yes ___ No 4. Is there any action pending against your certification/license or application in another state?

- If you have answered “Yes” to question 1 or 2, please attach details of conviction include date and location of conviction and court certified copies of the judgement, and sentencing.
- If you have answered “Yes” to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

Section 3: SIGNATURE AND DATE *

Applicant Signature _____ **Date:** _____

SECTION 4: LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

- ___ Initial Endorsement (submitted by EPP through TN Compass)
- ___ Additional Degree (Check on of the following and attach official transcripts)
- ___ Master’s Degree ___ Master’s Degree + 30 semester graduate hours ___ Education Specialist ___ Doctorate