

Alternative Licensure Applicant Information

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email** _____

Endorsement Area: _____ **Social Security No.:** _____ **Student ID No.:** _____

Ethnicity - Choose one: Hispanic or Latino Not Hispanic or Latino

Race – Choose one or more: American Indian or Alaska Native Asian

Black or African American Native Hawaiian – Other Pacific Islander White

School System of Employment: _____ **School:** _____

System contact person: _____ **Phone:** _____

THIS SECTION TO BE COMPLETED BY THE UNIVERSITY

University: Tennessee State University, College of Education
Address: 3500 John A. Merritt Blvd., Box 9533 Nashville, TN 37209
University Contact: Mrs. Zora Bates, TESS Program Coordinator
Phone: (615) 963-5459 **Email:** teachercertification@tnstate.edu

Type of Licensure Sought:

_____ Job Embedded Practitioner Initial Intent to Hire (Date); _____

Content Requirement Met by:

_____ Undergraduate degree/major _____ Master's degree in academic major
 _____ Passed Praxis II "content" test _____ GPA

COURSE OF STUDY AND OFFICIAL COPY OF TRANSCRIPT(S) ATTACHED

_____ **Year 1** _____ Intent to renew

Course(s) completed: _____

Praxis Test(s) taken _____ / Score _____ Date taken: _____

_____ **Year 2** _____ Intent to renew

Course(s) completed: _____

Praxis Test(s) taken _____ / Score _____ Date taken: _____