



TRANSCRIPT EVALUATION REQUEST FORM

Desired Year of Entrance \_\_\_\_\_ Term of Entrance: Spring SS I SS II Fall

Student Name

(Last) (First) (Middle/Maiden) (Nickname) BANNER ID # \_\_\_\_\_ (If have attended Appalachian previously)

Home Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Permanent Address (if different from above)

(Include Area Code)

Home phone ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_

Work Address

Cell phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you ever been a student at Appalachian? Yes No If yes, years of attendance \_\_\_\_\_

Degree received? Yes No If yes, degree received and major \_\_\_\_\_

**\*INTENDED LICENSURE AREA:** \_\_\_\_\_

(What grade level and subject you want to teach, i.e. K-6, K-12 Music Art, Middle Grades Science, Secondary Math, etc.)

**\*REQUIRED INFORMATION FOR ALL APPLICANTS:**

- 1. Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No
2. Are there such charges pending against you at this time? Yes No
3. Have you ever been dismissed, suspended, or placed on probation by ANY school? Yes No

\*If you answered "yes" to any of the above, please explain the circumstances on a separate sheet of paper.

Are you currently employed in a school setting? Yes No

If yes,

Name of School \_\_\_\_\_ Name of School system (LEA) \_\_\_\_\_

School's address \_\_\_\_\_ School's phone number ( ) \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Are you currently a Lateral Entry Teacher? Yes No

If yes, what grade(s) and subject(s) do you teach? \_\_\_\_\_

If no, what position do you have (such as Teacher's Assistant, First Grade, etc.) \_\_\_\_\_

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Do you currently hold a valid teaching license?    Yes    No  
 If yes, in what state? \_\_\_\_\_ License Number \_\_\_\_\_

License area/endorsement \_\_\_\_\_ Type of License\* \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*i.e.-Provisional, Initial, Master's, Specialist, Doctoral, other

Have you ever had a teaching license denied or revoked?    Yes    No

*\*If yes, please explain the circumstances on a separate sheet of paper.*

Other relevant licensure information: \_\_\_\_\_

*Starting with the most recent, list any community colleges, colleges, or universities where you have earned college credit since high school graduation. If any of the institutions you list are NOT regionally accredited (by S.A.C.S. or its equivalent), please indicated with \* by the name of the institution.*

Institution	City/State	Month/Year of Entrance	Month/Year of Exit	Degree Earned (Include Major & Minor if any)	Month/Year of Graduation

Please request that *every* institution listed above send us your transcript(s). (Even if an institution's transcript shows the coursework taken at a previous institution.) We cannot accept Xeroxed copies of transcripts. You may provide us with any other information that might be helpful to us in a brief attachment. **Be sure to retain a copy of this form for your files.**

\_\_\_\_\_  
 (Signature of person requesting evaluation)

\_\_\_\_\_  
 (Date request made)

This application and all transcripts should be mailed to:

DEADLINES FOR TRANSCRIPT EVALUATIONS

Ms. Jean Peacock  
 Appalachian Transition to Teaching Program  
 Appalachian State University  
 Reich College of Education/Office of the Dean  
 P.O. Box 32038  
 Boone, NC 28608-2038

To enroll by:	Deadline is:
Fall	July 1
Summer Session I	April 1
Summer Session II	May 1
Spring	Nov 1