Radford University makes application for Virginia Teaching License for all those who have completed a state approved teacher preparation program at Radford University. Applications must not be made through the school board or sent directly to the State Department of Education.

NAME _______________________________ SS# ______________________ ID# ________________

HOME ADDRESS ________________________________________________________________

_________________________________  ____________________________________________
City                      State               Zip                  Phone

MAJOR (Be Specific) ______________________________________________________________

Teaching Field/Grade Levels _______________________________________________________
(i.e. Elementary, preK-6, Math 6-12, Special Education MR/K-12)

Are you a Special Non-Degree student ____ yes ____ no

Indicate your status: Graduate ____ or Undergraduate ____

Date you will complete licensure requirements ___________ Month ___________ Year

Date you will complete degree requirements ___________ Month ___________ Year

PRAXIS SCORES: Reading ________ Writing ________ Math ________

SPECIALTY AREA: Test Name: ___________________________________________ Score_____

Date last test taken: ____________

I understand that I must provide official transcripts of course work completed at any other institution to be forwarded along with Radford University transcripts in support of my application for a teaching license.

_________________________________ ______________________
Date                                                   Signature
APPLICATION FOR A VIRGINIA LICENSE

Please Check:
License Requested:  ______ Initial License (Fee-$50 in-state; $75-Out-of-state)    _____ Division Superintendent License (Fee--$100-in-state; $150-out-of-state)

PART I--INFORMATION  PLEASE PRINT OR TYPE

Social Security Number

Date of Birth (Month/Day/Year)

Last Name
First Name
Middle Name
Suffix (Jr., Sr., III, etc.)

Address (Street, City, State, Zip Code)

Daytime Telephone Number (include area code)

(          )

Home Telephone Number (include area code)

(          )

Gender—for statistical purposes only

_________   Male                    _________ Female

Race--for statistical purposes only  (check one)                         ______ 1. American Indian/Alaskan Native                           _____ 2. Asian or Pacific Islander


PART II

Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country?   ______ Yes           ______ No

(If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)

Have you ever been found guilty of a misdemeanor involving children or drugs?   ______ Yes           ______ No

(If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)

Have you ever had a teaching certificate or license denied, revoked, cancelled, or suspended?   ______ Yes           ______ No

(If yes, please attach a statement giving full details and official documentation of the action taken.)

PART III--EDUCATION (only colleges and universities--BA/BS and MA/MS)

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree (if earned)</th>
<th>Major/Major Subjects</th>
</tr>
</thead>
<tbody>
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</table>

PART IV--EXPERIENCE (Grades K-12 only – Full-time, contractual experience only, not substitute, summer school, or aide)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates of Employment (Month/Year to Month/Year)</th>
<th>Grade(s)/Subject(s) Taught</th>
</tr>
</thead>
<tbody>
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PART V--OUT-OF-STATE EDUCATIONAL LICENSE - Must be completed if applicable (ENCLOSE A PHOTOCOPY OF EACH LICENSE)

<table>
<thead>
<tr>
<th>State:</th>
<th>First issue date:</th>
<th>Last expiration date:</th>
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</thead>
<tbody>
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<td></td>
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</tr>
<tr>
<td>State:</td>
<td>First issue date:</td>
<td>Last expiration date:</td>
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PART VI--COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE

<table>
<thead>
<tr>
<th>Name of Employer:</th>
<th>Beginning Date of Employment:</th>
<th>Assignment:</th>
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BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL/REVOCAION OF THE VIRGINIA LICENSE.

Date ____________________  Applicant’s Signature ____________________