



Alternative Licensure Applicant Information

Applicant Information

Full Name: Last First Middle DOB:

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: Dr. Dianne Y. Bryant, Certification Officer
Phone: (615) 963-5484 Email: dbryant@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: