

North Carolina Central University
School of Education

SOE Data and Verification Form
Application for a Professional Education License
By a CPL Completer at NCCU

READ CAREFULLY

1. Name: _____
Last First Middle Maiden
Social Security Number _____ - _____ - _____
2. Mailing Address (or license): _____
(individual, school, or school system to receive)
E-mail Address: _____
Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
3. Other information: Gender: Male Female Date of Birth _____ (mm/dd/yyyy)
Race: Black Alaskan Native/Native American Hispanic White Asia/Pacific Islander
 Other
4. Program: _____ Program Completion Date _____
Licensure Program (e.g., Math 9-12, Elementary)
Degree Type:
 Bachelor (first degree) License Class: Bachelor (A) License Type: Initial
 Bachelor (second degree) Master (M) Add-on
 Master Specialist (Speech Path.) Upgrade
 No degree (licensure only)
5. Student Status:
Are you employed in NC with A current clear license? Yes No If yes, list the area(s): _____
A current lateral entry or provisional license? Yes No If yes, list the area(s): _____
A current temporary permit? Yes No If yes, list the area(s): _____
Are you licensed by NC DPI? Yes No If yes, list the area(s): _____
6. How many semesters did it take you to complete your program **after being admitted**? _____
7. Enrollment Status: Part-time Full-time
8. Previous Education (Post-secondary degrees held):
Major: _____ Institution granting degree: _____ Completion date: _____
Major: _____ Institution granting degree: _____ Completion date: _____
Major: _____ Institution granting degree: _____ Completion date: _____
5. Statement of applicant: Have you ever been convicted of a felony or crimes other than minor traffic offenses? Yes No If the answer is yes, give the date, name of the offense, the trial court (including city and state), and any other pertinent information on a separate sheet of paper.

Applicant's Signature Date

Program Coordinator's Signature verifying completion of program Date