

STUDENT NAME: \_\_\_\_\_ Student ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am seeking initial (first time) licensure. Yes  No  Est. date of completion: \_\_\_\_\_

I am adding a second teaching field to my license. Yes  No   
If yes, what additional field(s) are you adding?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am already licensed to teach at the following level:

K-9 <sup>th</sup> or K-6 <sup>th</sup>	<input type="checkbox"/>
5 <sup>th</sup> -9 <sup>th</sup> or 5 <sup>th</sup> -8 <sup>th</sup>	<input type="checkbox"/>
7 <sup>th</sup> -12 <sup>th</sup> or 6 <sup>th</sup> -12 <sup>th</sup>	<input type="checkbox"/>
K-12 <sup>th</sup> or PreK-12 <sup>th</sup>	<input type="checkbox"/>

I am already licensed to teach in the following subjects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am currently licensed in Kansas. Yes  No

I am taking hours to renew my Kansas teaching license. Yes  No   
**Please note that the license must lead to teaching in an elementary or secondary school in order for a licensure renewal to be aid-eligible.**

If yes, program for which license is being renewed:  
\_\_\_\_\_

Expiration date of license: \_\_\_\_\_

If applying to add endorsements to a license outside the state of Kansas, check with your State Department of Education for requirements in your state. Please list the courses you will take during the award period for which you are applying for financial aid. If you are applying for a complete academic year, **please include courses for all semesters during academic year.**

COURSE #	TITLE	# HOURS	SUMMER 2020	FALL 2020	SPRING 2021

**VERIFICATION OF TEACHER LICENSURE STATUS**

*Optional courses taken for professional recognition or advancement and courses recommended by the school but not required for licensure do not qualify. Financial aid funding and enrollment status for teacher licensure students will be at the undergraduate level. The minimum enrollment level of approved hours for fall/spring is six and for summer periods, the minimum level is five. For further information, go to [www.emporia.edu/finaid](http://www.emporia.edu/finaid) and click on Enrollment Status.*

I hereby certify that the courses taken for renewal are approved by a Professional Development Council and are acceptable by the State of Kansas for licensure to teach at the elementary or secondary level. Any changes to this schedule should be reported to the Office of Financial Aid, Scholarships, & Veterans Services and may necessitate the completion of a new verification form.

x \_\_\_\_\_  
 Student Signature Date

<b>1</b>	<b>FORWARD FORM for review and signature to:</b> <b>Andra Baldwin</b> <b>Field Placement and Licensure</b> Emporia State University Campus Box 4036, 1 Kellogg Circle Emporia, KS 66801 Ph #: 620-341-5447; Fax #: 620-341-6123	Reviewed by: _____  x _____  Date _____
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<b>2</b>	<b>Upon completion of both signature blocks, please return completed form to:</b> Office of Financial Aid, Scholarships, & Veterans Services ATTN: Darcy Johnson Emporia State University Campus Box 4038, 1 Kellogg Circle Emporia, KS 66801 Ph #: 620-341-5457; Fax #: 620-341-6088
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