

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 th or K-6 th	<input type="checkbox"/>
5 th -9 th or 5 th -8 th	<input type="checkbox"/>
7 th -12 th or 6 th -12 th	<input type="checkbox"/>
K-12 th or PreK-12 th	<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 2021	FALL 2021	SPRING 2022

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 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

1	FORWARD FORM for review and signature to: Andra Baldwin Field Placement and Licensure 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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2	Upon completion of both signature blocks, please return completed form to: 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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