



## NC TEACH APPLICATION

**COLLEGE OF EDUCATION**  
**2009 Summer Blended Cohort**  
*For Current Lateral Entry Teachers*

Return Application and Transcripts  
By March 1, 2009  
To: Office of Alternative Licensure  
108 Speight Bldg.  
College of Education  
East Carolina University  
Greenville, NC 27858-4353  
Fax: 252-328-0105

**NC Teach Blended Cohort  
For Current Lateral Entry Teachers  
East Carolina University**

**PROJECT ACT/NCTEACH APPLICATION**

(Please complete all parts of this application using the forms provided)

**Section 1: Personal Data Sheet**

(Please Print)

**\*Please Check a Location:**     *Duplin*     *Onslow*     *Johnston*     *ECU*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_    Business Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex: [    ] Male    [    ] Female

Ethnic Origin: [    ] Asian [    ] Black [    ] White [    ] Hispanic [    ] Native American [    ] Other

Citizenship:    [    ] US Citizen    [    ] Non-US Citizen (Name country of citizenship) \_\_\_\_\_

Residency:    [    ] NC Resident (Name county of residence)

**Section 2: Academic History**

List all colleges and universities where you have attended, starting with the most recent.  
Attach additional pages if necessary.

<u>UNIVERSITY</u>	<u>DATES ATTENDED</u>	<u>DEGREE &amp; DATE OBTAINED</u>	<u>MAJOR</u>	<u>GPA</u>
_____	-	_____	_____	_____
_____	-	_____	_____	_____
_____	-	_____	_____	_____
_____	-	_____	_____	_____

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**Section 3: Teaching Position Information:** (must be in a public or charter school)

School System \_\_\_\_\_

Name of School Where you Teach \_\_\_\_\_

Date I began in this district \_\_\_\_\_

Subject you Teach \_\_\_\_\_ Grade Level \_\_\_\_\_

**Section 4: Current Licensure Status**

I hold a License in \_\_\_\_\_

Local Education Agency (LEA) \_\_\_\_\_

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**Section 5: Honor Statement**

**Your application cannot be processed unless this section is completed.**

Teacher education is committed to the integrity of the prospective teachers whom they admit to teacher education, and recommend for a license to teach. Prospective teachers must be appropriate role models for the students they will teach. Therefore, any major violation of the student code of conduct including, but not limited to major violations of the rules relating to academic integrity, specified in Part II.S of the student code or any violations of similar rules at other institutions will result in denial of admissions to teacher education. If any such major violation occurs following admission to teacher education, licensing authorities will be notified and the Director of Teacher Education will recommend that the offender be expelled from the University in accordance with university procedures. By signing below, you acknowledge your understanding of the consequences of violations of the rules described herein and authorize the release to the Office of Teacher Education any and all official records maintained by East Carolina University and waive any requirement that you be furnished a copy of those records prior to or concurrent with their release.

Student's Signature \_\_\_\_\_

In addition to the above, have you ever been convicted of a crime other than minor traffic violations?

[ ] Yes [ ] No

Have you ever had a certificate or license revoked or suspended by any state or governing body?

[ ] Yes [ ] No

Have you ever been subjected to disciplinary action by a college or university?

[ ] Yes [ ] No

*If* the answer is yes to any of the above questions, please give an explanation on the back of this page.

I certify that the information I have provided in this application and the accompanying forms is true and complete. I understand that falsifying or withholding information in this application constitutes grounds for immediate withdrawal of my application from further consideration, or cancellation of admission or registration.

I understand that any application materials submitted to the program become property of the College of Education and will not be returned.

I understand that I am required to provide my Social Security Number so that the College of Education and host site institutions can fulfill their reporting obligations under Federal and State tax laws. In addition, unless I have marked out this sentence, I am voluntarily permitting the College of Education and host site institutions to use my Social Security Number for the program's internal record keeping and information management operations.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Return application by March 31, 2008 to Office of Alternative Licensure  
108 Speight Bldg., College of Education, ECU  
Greenville, NC 27858-4353***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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**Application Checklist**

Please make sure you have included the following:

\_\_\_ Signed Application

\_\_\_ Check location of cohort (number these in order of preference if you  
Choose more than one location)

\_\_\_ Transcripts

\_\_\_ Copy of teaching license

\_\_\_ Copy of your contract with the school district