

APPLICATION FORM  
Non-Degree Licensure Program  
School of Education  
Colorado State University

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street or Box # City State Zip

Business Address \_\_\_\_\_  
Street or Box # City State Zip

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Date of Application \_\_\_\_\_

Undergraduate and Graduate Education

| Institution | From  | To    | Degree | Major | Grade Point Average |
|-------------|-------|-------|--------|-------|---------------------|
| _____       | _____ | _____ | _____  | _____ | _____               |
| _____       | _____ | _____ | _____  | _____ | _____               |
| _____       | _____ | _____ | _____  | _____ | _____               |
| _____       | _____ | _____ | _____  | _____ | _____               |
| _____       | _____ | _____ | _____  | _____ | _____               |

Professional Teaching or Counseling Experience (or Equivalent)

| School | Title | Dates |
|--------|-------|-------|
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |

Total Years of Teaching Experience \_\_\_\_\_ Counseling Experience \_\_\_\_\_ Administration Experience \_\_\_\_\_

Educational Beliefs

Please attach a one-two page statement of your educational beliefs, experiences, and motivation to become an educational leader. Additionally, attach a current resume that includes educational and non-educational employment history.