MEMORANDUM

TO: Prospective Student

FROM: Office of Alternative Licensure Programs
       Recruitment & Advisement

RE: School Administration Add-on Licensure Admission

Thank you for your interest in North Carolina Central University-School of Education. To be considered for admission to the School Administration Add-on Licensure Program, you must have a master’s degree in an education related field from a regionally accredited institution, three (3) years of successful teaching experience, [or three (3) years of other professional education experience (e.g., counselor, media specialist, etc.), or hold an appointment as an assistant principal]. You must also have a cumulative GPA of 3.0 in all graduate coursework.

Your application cannot be reviewed/processed until we have received all of the information needed. All documents must be submitted as a complete package. If you have any further questions, please feel free to contact us at (919) 530-7790 or soelicensure@nccu.edu. We look forward to serving you.

- Official Transcript (Undergraduate and Graduate)
- Licensure-only Application
- $40 Application Fee (Check or Money Order)
- Transcript Evaluation Request Form
- Global Transcript Evaluation (International Students Only)
- A copy of your clear current NC license
- Two letters of recommendation
  Obtained from persons qualified to assess professional performance and comment on potential leadership abilities
  One letter of recommendation should be from your current supervisor/principal
- Assurance Form (evidence of agreement from principal for internship placement)
SCHOOL OF EDUCATION GRADUATE PROGRAMS: LICENSURE-ONLY STUDENT APPLICATION ($40.00 Fee)

TERM OF EXPECTED ENTRANCE: Year________

HAVE YOU EVER BEEN A STUDENT AT NCCU? Yes_____ No_____ If so, when? __________________________

NAME_____________________________________________________
(Last, First, Middle/Maiden)

SEX: Female_____ Male_____ MARITAL STATUS: Single___ Married___ Other___

RACE ETHNIC GROUP:
African American (not of Hispanic origin) _____
Asian or Pacific Islander _____
Hispanic (Regardless of Race) _____
Native American/Alaskan _____
White (not of Hispanic origin) _____

RESIDENCE INFORMATION (Use Codes on Back)
State of legal residence __________________. If legal resident of North Carolina, indicate the date of initial residence ___/____/____.
If foreign, indicate nationality __________________________. Last place of residence, if N.C. enter county code, otherwise enter state code or name of foreign country __________________.

Is your Parent, Guardian, or Spouse currently on Active Duty with the Armed Forces or employed by the Federal Government? Yes___ No____
If Parent, Guardian or Spouse is a Legal Resident of North Carolina, indicate the date of initial residence ________________

NEAREST RELATIVE:
(Name/Relationship) ____________________________ (City/State/Zip) ________
Undergraduate degree earned at ____________________________ Year________
Are you currently teaching in North Carolina? Yes_____ No_____ Phone Number (________)
If yes, list school? ____________________________

*I will be licensed by NCCU_____ RALC (Regional Alternative Licensure Center)_____ NCDPI (Continuing) _____
Other University-Complete special student application through NCCU Undergraduate Admissions _____

*Please check below intended/licensure degree sought.  Birth-Kindergarten Education____  Elementary Education (Grades K-6)____

Middle Grades Education (Grades6-9)
Language Arts _____
Mathematics _____
Science _____
Social Studies _____

Secondary Education (Grades 9-12)
English _____
Mathematics _____
Comprehensive Science _____
Comprehensive Social Studies _____

Special Areas (K-12)
Art Education _____
Family and Consumer Sciences Education _____
Modern Foreign Language French _____
Modern Foreign Language Spanish _____
Music Education _____
Physical Education _____
Special Education _____
Theatre Arts Education _____

Add-on Licensure
Academically and Intellectually Gifted (AIG) _____
English as a Second Language (ESL) _____
School Administration _____
Special Ed.-Learning Disabilities* _____
Special Ed.-Behavioral-Emotional Disabilities* _____
Special Ed.-Early Education & Literacy (B-K)* _____
Special Ed.-Mental Disabilities* _____
Special Ed.-Visual Impairment** _____
*For applicants who already have their master’s degree in special education.
**Students may add-on licensure without a master’s degree.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
(Signature) ____________________________ (Date) ____________

Required Documents to be submitted with application for admission

NCCU Lateral Entry/Licensure Only Programs
Licensure-only Student Application ($40 Fee) ______
Transcript Evaluation Request Form ______
Official Transcript ______

RALC/NCDPI Affiliation
Licensure-only Student Application ($40 Fee) ______
Official Plan of Study from licensing agency ______

Add-On Licensure
Licensure-only Student Application ($40 Fee) ______
Transcript Evaluation Request Form ______
Official Transcript ______
NCDPI Current Clear License ______
# APPLICATION RELATING TO CLAIMED NORTH CAROLINA RESIDENCE FOR TUITION PURPOSES

North Carolina Central University  
Durham, North Carolina 27707

**IF YOU CLAIM TO BE A NORTH CAROLINA LEGAL RESIDENT FOR TUITION PURPOSES, COMPLETE THIS APPLICATION**

| North Carolina law (G.S.116-143.1) requires that “to qualify for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes.” The information requested on this form must be supplied by every applicant for admission or readmission to North Carolina Central University who claims to be eligible for the N.C. tuition rate. Complete the form and return it with your application for admission. This information is to be used only in connection with determination of your residence status and eligibility for the N.C. tuition rate. |
| The law requires that every student admitted to the university (initially or after a lapse in enrollment) be classified for the term admitted as either a resident or nonresident for tuition purposes, prior to enrollment. To be classified as a resident for tuition purposes you must furnish such evidence as the university may require to enable it to make such classification. If you claim North Carolina residence, for tuition purposes, you must fill this application promptly. Unless you are notified to the contrary in writing your classification in the university is non-resident for tuition purposes for your proposed term of enrollment. |

You must answer all questions on this sheet. Print or type your responses. For any inapplicable questions, write N/A.

1. Full Name_________________________________________ Soc. Sec. No_______________________________________________
   Last  First  Middle  (Voluntary)

2. Age______ Date of Birth__________ Place of Birth__________________________________________________ Citizenship______________________

3. Current Mailing Address______________________________
   Number______ Street________________________________________ City  State  Zip

4. If you are married: Spouse’s Name________________________ Date of Marriage __________

5. Father Living?  Yes ____No____ His Name__________________________________________

6. Mother Living? Yes ____No ____ Her Name________________________________________

7. If your parents are divorced, whose custody are/were you?________________________________

8. Name of court-appointed guardian (if applicable)______________________________

9. If you have a court-appointed legal guardian, where (place)? __________________________________

10. Have you, or your spouse, or either of your parents been in active military service within the past two years? Yes ____No____

11. Check each of the following you have ever done outside North Carolina: attended post-secondary school__________; worked__________

12. Secondary (high or preparatory) schools you attended in sequence (give school name, address [place & state], dates you attended):

   School____________________ Address_________________________________________ Attended from ________ to ________
   School____________________ Address_________________________________________ Attended from ________ to ________
   School____________________ Address_________________________________________ Attended from ________ to ________

Application must be completed in its entirety or it will be returned for completion

13. Are you currently enrolled in college?  Yes ____No_____ If yes, where___________________________

14. Give the permanent home address of each person listed below.
   Yours____________________
   Spouse____________________
   Father____________________
   Mother____________________
   Guardian__________________
   Address (Street, City, State)
15. If you or your spouse had other N.C. addresses in the past 5 years, give the following information for those addresses:

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<tr>
<th>Yours:</th>
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<th>Spouse:</th>
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</table>

Address (Street, City, State)  | Lived there from (Date) To (Date)

16. Give the last address outside N.C. (Street, City, State) for each person listed below.

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<tr>
<th>Yours</th>
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<th>Mother</th>
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<th>Guardian</th>
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Address (Street, City, State)  | Lived there from (Date) To (Date)

17. Are you an Alien? Yes ____ No ____ Please list Visa #_________________________

   
a. Filed state intangible tax return? Yes ____ No ____
   
b. Listed personal property for taxation? Yes ____ No ____

IF ADDITIONAL INFORMATION IS NEEDED. THE APPLICANT WILL BE NOTIFIED.

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<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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<td>County Code</td>
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<td>Bertie</td>
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SCHOOL OF EDUCATION
North Carolina Central University

Campus Safety Questions

Student Name: ______________________________  Social Security Number: ______________________

You must answer all questions. Your “yes” answers to one or more of the following questions will not
necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful
information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

For the purpose of the following six questions, “crime” or “criminal charge” refers to any crime other than a traffic-
related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are
traffic related.

1. Have you been convicted of a crime?  □ Yes  □ No
2. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an
   Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to
   a criminal charge?  □ Yes  □ No
3. Have you otherwise accepted responsibility for the commission of a crime?  □ Yes  □ No
4. Do you have any criminal charges pending against you?  □ Yes  □ No
5. Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject
to any disciplinary sanction by any school, college, or university?  □ Yes  □ No
6. If you have ever served in the military, did you receive any type of discharge other than an
   honorable discharge?  □ Yes  □ No  □ Currently serving  □ Never served

If you answered “yes” to any of the six questions above, please explain the circumstances (if you need additional
space, attach a separate sheet and include your name, social security number, and sign and date the sheet.

____________________________________________________________________________________

____________________________________________________________________________________

You must promptly notify the Associate Dean for Graduate Programs in the School of Education in writing of any
criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action
against you, or any type of military discharge other than an honorable discharge that occurs at any time after you
submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you
after enrollment.

I affirm that all information supplied is complete and accurate. I understand my failure to provide complete,
accurate, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss
me after enrollment.

Signature: ___________________________________________  Date: ______________________
North Carolina Central University
School of Education
Office of Alternative Licensure Programs
Transcript Evaluation Request Form

You must request a transcript evaluation along with other requirements listed below before being admitted into a licensure-only program unless you are receiving licensure through another university or alternative licensure agency. This evaluation serves to design an individual plan of study based on your licensure subject interest.

Name: ___________________________ Daytime Phone: _________________________

Mailing Address: __________________________________________________________
Street City State Zip

Email Address: _____________________________

PLEASE PRINT CLEARLY

List all universities attended: __________________________________________________

Licensure-Only Program Area Interest (Check only one)

___Birth-Kindergarten Education

___Elementary Education (Grades K-6)

Middle Grades Education (Grades6-9)

___Language Arts

___Mathematics

___Science

___Social Studies

Secondary Education (Grades 9-12)

___English

___Mathematics

___Comprehensive Science

___Comprehensive Social Studies

Special Areas (K-12)

___Art Education

___Family and Consumer Sciences Education

___Modern Foreign Language-French

___Modern Foreign Language-Spanish

___Music Education

___Physical Education

___Special Education (K-12)

___Theatre Arts Education

Add-on Licensure

___Academically and Intellectually Gifted

___English as a Second Language (ESL)

___Reading

___School Administration*

___Special Ed.-Behavioral-Emotional Disabilities

___Special Ed.-Early Education & Literacy (B-K)

___Special Ed.-Learning Disabilities

___Special Ed. –Mental Disabilities

___Special Ed.-Visual Impairment

To apply to the Lateral-entry/Licensure-only program submit: 
Transcript Evaluation Request Form
Licensure-only Application ($40 Fee)
Official Transcript

To apply to the Add-on licensure program submit:
Transcript Evaluation Request Form
Licensure-only Application ($40 Fee)
Official Transcript
NCDPI Current Clear License

*If you are applying to the School Administration Add-on Licensure program, you must also submit:
Two Recommendation Forms
Internship Assurance Form

RETURN TO:
NCCU-School of Education
Office of Alternative Licensure Programs
712 Cecil Street
Durham, NC 27707

Additional information can be found at www.nccu.edu/soe or call the School of Education at (919) 530-7790.
Part A To Be Completed by the Applicant

Name: ____________________________________________

Last                        First                        Middle

Proposed Graduate Department or Program: School Administration Add-on Licensure

I agree that the recommendation I am requesting shall be held in confidence by officials of the North Carolina Central University, and I hereby waive any rights I may have to examine it.

_______________________________________      ____________________________________
Signature                             Date

Note to College Placement Offices: Applicants are asked to forward sealed letters of recommendation in a self-managed application package. If your office maintains a confidential recommendation file for students and alumni, we would appreciate it if you would forward such files directly to the Office of Alternative Licensure Programs at North Carolina Central University, School of Education, 712 Cecil Street, Durham, NC. 27707. Please attach this form.

Part B To Be Completed by the Recommender

Please provide the following information about the above candidate:

How long and in what capacity have you known the applicant? Please give your assessment of the applicant’s scholarship, personality, character, and professional promise. Include in your statement an assessment of the candidate’s strengths and weaknesses. If additional space is needed, please use a separate sheet or if you prefer, you may write the entire statement on your own stationery.

Please Complete Other Side
North Carolina Central University
Recommendation Form for School Administration Add-on Licensure Program Admission

<table>
<thead>
<tr>
<th>SUMMARY EVALUATION</th>
<th>BELOW AVERAGE</th>
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<th>ABOVE AVERAGE</th>
<th>UNUSUAL</th>
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<tr>
<td>Applicant's promise, as a graduate student, in comparison with others of similar age and experience.</td>
<td>Lowest 40%</td>
<td>Middle 20%</td>
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<td>Almost 5%</td>
<td>Top 5%</td>
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<td>Research aptitude</td>
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<td>Ability to analyze a problem and formulate a solution</td>
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<td>Motivation for proposed program of study</td>
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<td>Potential for career advancement</td>
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Please indicate the strength of your overall endorsement by placing an “X” along the scale.

Signature __________________________ (please print full name) __________________________ Date __________________________

Position __________________________ with __________________________

Address: _____________________________________________________________________________________________

Telephone: __________________________

NOTE: Please return your signed and sealed letter of recommendation to the applicant
Part A To Be Completed by the Applicant

Name: ___________________________________________________________________

____________________________________________

Last                     First                     Middle

Proposed Graduate Department or Program: School Administration Add-on Licensure

I agree that the recommendation I am requesting shall be held in confidence by officials of the North Carolina Central University, and I hereby waive any rights I may have to examine it.  
Yes ☐ No ☐

_______________________________________      ____________________________________

Signature                     Date

Note to College Placement Offices: Applicants are asked to forward sealed letters of recommendation in a self-managed application package. If your office maintains a confidential recommendation file for students and alumni, we would appreciate it if you would forward such files directly to the Office of Alternative Licensure Programs at North Carolina Central University, School of Education, 712 Cecil Street, Durham, NC. 27707. Please attach this form

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North Carolina Central University
Recommendation Form for School Administration Add-on Licensure Program Admission

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Please indicate the strength of your overall endorsement by placing an “X” along the scale.

________________________________________________________________________________________

Signature __________________________ (please print full name) __________________________ Date __________

Position __________________________ with __________________________

Address: ____________________________________________________________

Telephone: __________________________

NOTE: Please return your signed and sealed letter of recommendation to the applicant
North Carolina Central University
School Administration Add-On Licensure Program Full-Time Internship Assurance Form

Instructions: The School Administration Add-On Licensure Program is open only to applicants who have a Master’s Degree in an education related field and are currently in a leadership position at their school (e.g., assistant principal, dean of students, curriculum specialist). The applicant also has to verify that an administrative/internship position, either their current leadership position or a principal internship position will be available for the school year of the internship. Please note that the internship position and internship site are in place prior to admission to the Add-On Licensure Program. A signature is required from the applicant’s principal, Human Resource Officer, or superintendent. This form containing appropriate signatures must be submitted with the standard Add-On Licensure Admission application.

Applicant Name: ___________________________ Date: _______________

Email: ___________________________ Phone: ________________

Applicant Assurance Statement/Signature: I have been approved by my _______________

(LEA)

LEA for the Add-On Licensure Program at North Carolina Central University. The LEA will (please check the statement that applies):

______ secure a paid internship position for me during the specified school year of the internship.

or

______ allow the applicant’s current leadership position to serve as their internship position during the specified school year of the internship.

I understand that this program requires me to take two courses each semester and complete full-time year long internship. I know I will have to attend a weekly seminar during the internship and my LEA will support me in fulfilling the requirements of the program. Failure to maintain a 3.0 GPA, and to maintain satisfactory attendance and participation may result in withdrawal from the program.

Applicant Signature: ___________________________

Please see back of form
LEA Assurance Statement/Signature: I am recommending the above-named applicant for the Add-On Licensure Program. The LEA will provide (please check the statement that applies):

___________ a paid internship position during the specified school year of the internship.

or

___________ allow the applicant’s current leadership position to serve as their internship position during the specified school year of the internship.

I will also support the applicant with appropriate release-time for course work and internship activities (e.g., weekly seminar).

LEA: ________________________________

LEA Representative Name and Title:

__________________________________________________________________________

Address: ________________________________

Email: ________________________________ Phone: ____________________

LEA Representative Signature: ________________________________