

**NORTH CAROLINA CENTRAL UNIVERSITY
SCHOOL OF EDUCATION DATA FORM**

Student Name: _____

Student ID: 820-____ - _____ Term _____ Year _____

Please list all education courses (EDU prefix) you plan to register for this semester.

1. _____
2. _____
3. _____
4. _____
5. _____

Purpose for taking course(s):

- Bachelor's Degree Licensure-only Elective
 Continuing Education Units (plan of study is not needed)

To obtain licensure in _____
(list subject area and grade(s) level)

My plan of study (list of needed courses) derives from:

- NCCU School of Education
Who is your permanent advisor? _____
- Regional Alternative Licensure Center
(A copy of your plan of study from RALC must be attached to this form unless you are taking course(s) through the Model Teacher Education Consortium.)
- North Carolina Department of Instruction
(A copy of your letter/plan from North Carolina Department of Instruction must be attached to this form.)
- College or University (Other than NCCU) List name: _____
(A copy of your plan must be attached to this form.)
- Other (Attending NCCU)
Major _____ Advisor _____