

UCCSTeach Program Application for Admission Secondary Math & Science Teacher Licensure

First Name: _____ Last Name: _____ Student ID: _____

Address: _____
Street City State Zip Code

Phone: _____ Personal email: _____

Licensure competency: Secondary Mathematics Secondary Science

Teaching preference: Middle School High School

Degree pathway: Math Biology Chemistry Physics BSEED

Current Class Standing: Freshman Sophomore Junior Senior

List all the colleges or universities attended *prior* to enrolling at UCCS.

University/College Name	Dates Attended	Major	Degree

Please indicate the grade and dates of completion for the following required coursework. If you are currently enrolled in one of these classes, enter 'in progress' for grade earned.

Class Required	Semester Taken <small>(ex: Fall of 2021)</small>	Grade Earned
UTED 1030 Inquiry Approaches & Lesson Design		
UTED 2010 Knowing & Learning		

Have you ever been placed on scholastic probation or suspension in college? Yes No

Have you ever been convicted of a felony or entered a plea of nolo contendere? Yes No
 If you checked yes, **you must attach an explanation.**

By signing my application for admission to the UCCSTeach program, I give permission for the UCCSTeach Program to distribute my information to appropriate individuals and/or agency for background check.

Signature: _____

Date: _____