North Carolina Central University
School of Education

SOE Data and Verification Form*

READ CAREFULLY

1. Name:_____ _____ _____ _____
                Last   First   Middle   Maiden
    Social Security Number _____ -_____ -_____ Student ID: **820** -_____ -_____

2. Mailing Address (or license):_____
                                    (individual, school, or school system to receive)
    E-mail Address:_____

    Home Phone _____-_____-_____ Work Phone _____-_____-_____

3. Other information: Gender: ____Male ___Female   Date of Birth _____ (mm/dd/yyyy)

      Race: ___Black ___Alaskan Native/Native American ___Hispanic __White __Asia/Pacific Islander
      ___Other

4. Program: _____ Program Completion Date _____
            Licensure Program (e.g., Math 9-12, Elementary)
            Degree Type:
            ___Bachelor (first degree)   License Class: ___Bachelor (A) License Type: ___Initial
            ___Bachelor (second degree)   ___Master (M)   ___Add-on
            ___Master   ___ Specialist (Speech Path.   ___Upgrade
            ___ No degree (licensure only)   or Sch. Couns.)

5. Student Status:
Are you employed in NC with A current clear license? ___Yes ___No If yes, list the area(s):_____
A current lateral entry or provisional license?   ___Yes ___No If yes, list the area(s):_____
A current temporary permit?   ___Yes ___No If yes, list the area(s):_____
Are you licensed by NC DPI?   ___Yes ___No If yes, list the area(s):_____

6. How many semesters did it take you to complete your program **after being admitted**? _____

7. Enrollment Status: ___Part-time   ___Full-time

8. Previous Education (Post-secondary degrees held):

Major: _____   Institution granting degree: _____ Completion date:_____

Major: _____   Institution granting degree: _____ Completion date:_____

Major: _____   Institution granting degree: _____ Completion date:_____

9. Statement of applicant: Have you ever been convicted of a felony or crimes other than minor traffic
    offenses? Yes___ No___   If the answer is yes, give the date, name of the offense, the trial court (including city and
    state), and any other pertinent information on a separate sheet of paper.

_____   _____
Applicant's Signature   Date

_____   _____
Program Coordinator's Signature verifying completion of program   Date

*This form is NOT a recommendation for licensure.