University of Wisconsin-Stevens Point - Licensing Request Form

Office of Field Experiences – Field.Experiences.Office@uwsp.edu

Questions about this form? Maggie Beeber, 715-346-2040 mbeeber@uwsp.edu

Date					
Legal Name					
-	Last	First	Middle	Previous L	ast Name(s)
Permanent Address: _		Cit	у	State	Zip
Phone:		_ Personal Email:			
	ersonal email addr	ass that you check on	a regular basis School	emails tend t	o block emails from

UWSP and DPI.

UWSP Student ID# _____ Date of Birth _____ NOTE: If you do not know your UWSP Student ID#, please call the Office of Field Experiences, 715-346-2449, for assistance. Do not use SS# if you are emailing or faxing this form.

I have passed the Foundation of Reading Test and have attached a copy of my passing score report: ____Yes ____No If No, please choose one: ____I currently have a WI lifetime license ____I have completed the FoRT Alternative for Special Education.

Please list all new licenses you are requesting. NOTE: Developmental Range Options: EC (ages 0-8), EC-A (ages 0-21), MC-EA (ages 6-13), EA-A (ages 10-21)

Developmental Range	Subject (s)		

EDUCATION COMPLETED: Please indicate all completed bachelor's, master's or PhD degrees, as well as any teacher preparation programs, including any majors, minors and/or concentrations earned by the time you will apply for this license, in the order you completed them. Make sure to include the license(s) you completed through UW-Stevens Point. Please add a page if necessary.

Institution & Location	Degree or Licensing	Graduation Date	Major(s)	Minor(s)	Concentration(s)
(city/ste)	Program (check one)	or license	earned	earned	earned
		completion date			
		(Month/Year)			
	Bachelor's				
	Master's				
	PhD				
	Have degree,				
	added teaching license				
	Bachelor's				
	Master's				
	PhD				
	Have degree,				
	added teaching license				
	Bachelor's				
	Master's				
	PhD				
	Have degree,				
	added teaching license				