**University of Wisconsin-Stevens Point - Licensing Request Form**

Office of Field Experiences – [Field.Experiences.Office@uwsp.edu](mailto:Field.Experiences.Office@uwsp.edu)

Questions about this form? Maggie Beeber, 715-346-2040 [mbeeber@uwsp.edu](mailto:mbeeber@uwsp.edu)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name

Last First Middle Previous Last Name(s)

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Please use a personal email address that you check on a regular basis. School emails tend to 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, 715-261-6315, 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 provisional or lifetime teacher license or \_\_\_\_I have completed the FoRT Alternative for Special Education.

Reading Specialist License add-on: If you have a provisional or lifetime administrator license, choose this \_\_\_\_\_

Please list all new licenses you are requesting.

NOTE: Developmental/Grade Level Options: EC (ages 0-8)/Birth-3rd grade, EC-A (ages 0-21)/K-12th grade, MC-EA (ages 6-13)/K-9th grade, EA-A (ages 10-21)/4-12th grade

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| --- | --- |
| Developmental Range/Grade Levels | Subject (s) |
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**EDUCATION COMPLETED:** Please indicate all completed bachelor’s, master’s or doctoral 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 new license(s) you completed through UW-Stevens Point. Please add a page if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution & Location (city/st) | Degree or Licensing Program (check one) | Graduation Date or license completion date  (Month/Year) | Major(s)  earned | Minor(s)  earned | Concentration(s)  earned |
|  | \_\_\_\_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 |  |  |  |  |