

Application for Admission Undergraduate Teacher Licensure Program



LAST NAME	FIRST NAME	MIDDLE INITIAL
CU Student ID# _____	CU E-Mail Address: _____	
Date of Birth: _____	Street Address: _____	
Gender: _____	City: _____	
Phone: _____	State: _____	
	Zip: _____	
Ethnicity: _____		

Licensure Field

Select the licensure field you will pursue from the drop-down menu. You may only apply for *one* licensure area.

Term

Select the term you will begin the teacher licensure program from the drop-down menu.

Major

What is your current undergraduate major? *NOTE: Open Option students are not eligible to apply to the teacher licensure program.*

CU Teach

Have you previously completed a CU Teach course (EDUC 2020, 2030, or 2040)? Do *not* answer "yes" if you are currently enrolled.

Reapplying

Have you previously applied for admission to the teacher licensure program?

Have you previously attended an institution other than CU-Boulder? If yes, please list below:

INSTITUTION	FROM DATE	TO DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am applying for admission to the Teacher Licensure Program. My signature below verifies that I:

- a) Understand the goals and requirements of the program.
- b) Have read the [Undergraduate Prospective Student Guide](#) and the [Application Checklist & Instructions](#).
- c) Am committed to following the guidelines of the program.
- d) Have provided information on this form, and all other application materials, that is true, complete, and accurate.
- e) Understand that submission of this application does *not* guarantee that I will be accepted into the program.

Signature: _____

Date: _____