

# Reich College of Education

APPALACHIAN STATE UNIVERSITY

## TRANSCRIPT EVALUATION REQUEST FORM

Desired Year of Entrance \_\_\_\_\_ Term of Entrance \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle/Maiden

Banner ID (If a former Appalachian student) \_\_\_\_\_

Home Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Permanent Address (If different from above) \_\_\_\_\_ Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been an Appalachian student? \_\_\_\_\_ If yes, years of attendance? \_\_\_\_\_

Degree Received \_\_\_\_\_ If yes, degree received and major? \_\_\_\_\_

**INTENDED LICENSURE AREA** \_\_\_\_\_  
Grade level / subject you want to teach

### REQUIRED INFORMATION FOR ALL APPLICANTS:

Have you ever been convicted of a criminal offense other than a minor traffic violation? \_\_\_\_\_

Are there such charges pending against you at this time? \_\_\_\_\_

Have you ever been dismissed, suspended, or placed on probation by ANY school? \_\_\_\_\_

*If you answered "yes" to any of the above, please explain the circumstances on a separate sheet of paper*

Are you currently employed in a school setting? (If yes, please answer the questions below) \_\_\_\_\_

Name of School \_\_\_\_\_ Name of School System (LEA) \_\_\_\_\_

School Address \_\_\_\_\_ School Phone \_\_\_\_\_

\_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Are you currently a Lateral Entry Teacher? \_\_\_\_\_

If yes, what grade(s) and subject(s) do you teach? \_\_\_\_\_

If no, what position do you have?  
(i.e. Teacher's Assistant, First Grade, etc.) \_\_\_\_\_

Do you currently hold a valid teaching license? \_\_\_\_\_

If yes, in what state? \_\_\_\_\_ License Number \_\_\_\_\_

License Area / Endorsement \_\_\_\_\_

Type of License \_\_\_\_\_ Expiration Date \_\_\_\_\_

*(i.e. Provisional, Initial, Master's, Specialist, Doctoral, other)*

Have you ever had a teaching license denied or revoked? \_\_\_\_\_

*If yes, please explain the circumstances on a separate sheet of paper*

Other relevant licensure information: \_\_\_\_\_  
\_\_\_\_\_

**Starting with the most recent**, list any community colleges, colleges, or universities where you have earned college credit since high school graduation. If any of the institutions you list are NOT regionally accredited (by S.A.C.S. or its equivalent), please indicated with \* by the name of the institution.

Institution	City / State	Entrance Month / Year	Exit Month / Year	Degree Earned <i>(Include Major &amp; Minor if any)</i>	Graduation Month / Year

**Please request unofficial transcripts from every institution listed above.** (Even if an institution's transcript shows the coursework taken at a previous institution.) You may provide us with any other information that might be helpful to us in a brief attachment. **Be sure to retain a copy of this form for your files.**

\_\_\_\_\_  
*Signature of person requesting evaluation*

\_\_\_\_\_  
*Date request made*

**Send completed form and unofficial transcripts to:**

Appalachian Transition to Teaching Program  
Appalachian State University  
Reich College of Education, Office of the Dean  
ASU Box 32038  
Boone, NC 28608-2038

**DEADLINES FOR TRANSCRIPT EVALUATIONS:**

- Fall / July 1
- Spring / November 1
- Summer Session I / April 1
- Summer Session II / May 1