

**SECTION A PLEASE PRINT LEGIBLY. THIS SECTION SHOULD BE COMPLETED BY THE STUDENT.**

**DEGREE SOUGHT**

- Bachelor
- Master of Arts in Teaching (MAT)
- Master of Education (M. Ed.)
- Other: (Please identify)

**ACADEMIC PROGRAM**

- Early Childhood Education
- Middle Grades & Secondary Education
- Health & Physical Education
- Special Education

- Mathematics
- Art / Music
- Spanish / English
- Other: (Please identify)

- Home
- Work
- Mobile

BIRTH DATE (MM/DD/YYYY)

CURRENT STUDENT ID

TELEPHONE NUMBER(S)

NAME (LAST FIRST MIDDLE)

FORMER/MAIDEN (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

**SECTION B THIS SECTION MUST BE COMPLETED BY THE SCHOOL'S PRINCIPAL OR THE PRINCIPAL'S DESIGNEE.**

A COLLEGE OF EDUCATION CRIMINAL BACKGROUND CHECK IS REQUIRED FOR ADMISSION INTO THE ANY COLLEGE OF EDUCATION PROGRAM. THIS REQUIREMENT CAN ONLY BE WAIVED WITH EVIDENCE OF EMPLOYMENT IN A GEORGIA PUBLIC SCHOOL SYSTEM AS FULL-TIME TEACHER OR THE TEACHER OF RECORD. THIS FORM DOES NOT EXEMPT OR WAIVE THE CRIMINAL BACKGROUND CHECK FOR PARAPROFESSIONALS, SUBSTITUTE TEACHERS, OR THOSE TEACHERS EMPLOYED IN THE PRIVATE SECTOR.

PRINT NAME

TELEPHONE NUMBER(S)

PRINT TITLE

E-MAIL ADDRESS

PRINT SCHOOL NAME

PRINT SCHOOL DISTRICT NAME

PRINT SCHOOL'S MAILING ADDRESS

**I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE-NAMED APPLICANT IS CURRENTLY EMPLOYED BY THE AFOREMENTIONED PUBLIC SCHOOL SYSTEM AS A FULL-TIME TEACHER OR TEACHER OF RECORD.**

PRINCIPAL'S SIGNATURE

DATE

THIS SPACE IS RESERVED FOR COLLEGE OF EDUCATION VERIFICATION PURPOSES