



Application for Graduate Credit for Teacher Recertification

IUPUC Office of Admissions ■ 4601 Central Avenue ■ Columbus, Indiana 47203 ■ Phone: 812.348.7311 ■ Fax: 812.348.7257 ■ E-mail: admissions@iupuc.edu

Have you ever earned credit as a graduate student at IUPUC? Yes No

PERSONAL

Full Legal Name: _____
Last/Family Name First/Given Name Middle/Maiden Name

Gender: Male Female Date of Birth: ____ / ____ / ____ SSN: X X X - X X - ____ *
Month Day Year

Phone: ____ - ____ - ____ E-mail: _____

CURRENT ADDRESS

Dates (MM/YYYY to MM/YYYY) Address, City, State, ZIP County

CITIZENSHIP

U.S. Citizen Permanent Resident Visa (F-1, J1, J2, other)

If not a U.S. citizen, country of citizenship: _____ Resident Alien Card Number: _____
Provide legible photocopy with application.

EDUCATIONAL HISTORY

School City, State Degree Date (MM/YYYY) Degree Awarded (B.A., B.S., etc.)

EMPLOYMENT HISTORY

Employer City, State Starting Date (MM/YYYY) Ending Date (MM/YYYY)

TERM | Semester: Fall/August Spring/January Summer I/May Summer II/June Year: 2007 2008

AUTHORIZATION

- I have enclosed a non-refundable application fee of \$50. I realize I am not eligible for financial aid.
 I have enclosed either a copy of my diploma or transcript as proof of a baccalaureate degree (unless it is an IU degree). I certify that the information I provided is complete and accurate.

Signature: _____

Date: _____

* In accordance with state and federal law, the disclosure of the last four digits of your Social Security number is voluntary.