



Application for Licensure Track

ATTENTION TEACHER CANDIDATES:

Please fill out all of the requested information below. Failure to do so may delay processing and postpone the ability to schedule clinical courses to a later semester.

Name: _____ Phone Number: _____ Date: _____

ID#: _____ Term: _____

Current Major: _____ Site: _____

Intended Major: _____ Minor: _____

Please indicate whether the information listed below has been submitted and received by Wilmington University. If the information has not been submitted please indicate that it hasn't and either attach the information with the form or submit it as soon as possible.

SAT/ACT: _____ Yes _____ No _____
(SBAC/GRE)

Passing Praxis I/Praxis CORE Scores: _____ Yes _____ No _____

Praxis I/Praxis CORE Sub Scores: _____ Yes _____ No _____

Criminal Background Check (State and Federal) _____ Yes _____ No _____

TB PPD _____ Yes _____ No _____

If you are unable to provide any of the documentation above please explain in detail why.

Student Signature: _____

Date: _____

**PLEASE RETURN TO:
OFFICE OF ADMISSIONS
31 Reads Way | New Castle, DE 19720
Fax: 302-295-1155
Email: admissionscoe@wilmu.edu**

For Admissions and Advising Use Only

Admissions Representative: _____ **COMPLETE:** _____ **REVIEW:** _____

Date sent to Advising: _____

For Advising Use Only	
Advisor Comments:	
Advisor Signature: _____	Date: _____

Date student was notified of decision: _____ Advisor initials: _____
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