

EDF 513 – Credit for Supervising UNC Teacher Candidates Registration Form

Social Security Number* ____/____/____ or UNC Bear Number _____ Birth Date ____/____/____
Month Day Year

Full Legal Name _____
Last First Middle Suffix (example Jr., Sr., III)

Attended UNC before? yes no If yes, former or maiden name under which previously registered? _____

Mailing Address _____

City _____ State _____ County (if Colo.) _____ Zip _____

Home Phone _____ Day-time Phone _____ E-Mail Address _____

Citizenship: U.S. Non-U.S. Sex: Male Female Marital Status: Married Single Earned a Bachelor's degree? yes no
If not a U.S. Citizen, what type of visa do you have? _____ Visa Number _____ Date of Issue _____

You MUST answer the following question or your application for registration may be delayed: Have you ever been convicted of a crime, made a plea of guilty, accepted deferred judgment, been adjudicated, or been required to register as a sex offender? (misdemeanor traffic violations are exempt.) YES ____ NO ____ If yes, you must email explanation (to: esinfo@unco.edu -- put your name in the subject line box) or mail to: OES, CB 21, UNC, Greeley, CO, 80639.
For University records, we need to classify you as a resident or non-resident of Colorado. Resident ____ Non-Resident ____

Please complete the following information if you are claiming Colorado residency:

| | | | |
|--|----------------|--|---------------------|
| Do you maintain a home in another state? | No ___ Yes ___ | Dates of continuous physical presence in Colo. | _____ to _____ |
| Date Colo. Driver's License first issued. | _____ | Last 3 years of Colo. Motor vehicle registration | _____, _____, _____ |
| Date current Colo. Driver's License issued. | _____ | Dates of employment in Colo. | _____ to _____ |
| Date of Colo. voter registration. | _____ | Dates of military service, if applicable | _____ to _____ |
| Date of purchase or lease of Colo. Res. Property | _____ | Last 3 years of Colo. Income tax was filed | _____, _____, _____ |
| | | Dates of extended (1 or more months) absence from Colo | _____ to _____ |

If under age 21: Dates of marriage. _____
If under age 21: If parents are separated or divorced, which one lives in Colo. Mother ____ Father ____

The following information is required for University statistical records.

| YES | NO | |
|-----|----------|--|
| | | Hispanic or Latino Ethnicity (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture) |
| | 1 | Black or African American |
| | 2 | American Indian or Alaska Native |

| | |
|----------|------------------------|
| 3 | Asian |
| 4 | Native Hawaiian |
| 5 | White |
| 6 | DO NOT WISH TO PROVIDE |

| Name of UNC Teacher Candidate | Dates of Supervision | Tuition | Type of field experience (check only one) |
|-------------------------------|----------------------|--------------|---|
| | | \$100 | EDF 513-610 Supervision of UNC Student Teacher (15-16 weeks) (2 cr) |
| | | \$50 | EDF 513-611 Supervision of UNC Practicum Student or 8 week student teaching (1cr) |

Term/Year: _____ Verified by: _____ Date _____

You will be billed if you are registering for credit in the SAME semester you hosted a student.
If you are requesting credit for a PREVIOUS semester, you MUST include the \$50 per credit and \$25 for processing a late registration.

| | | |
|--|------|---------------------|
| Include Term/Year if requesting credit for PREVIOUS Semester | \$25 | Late Processing Fee |
|--|------|---------------------|

APPLICANT: PLEASE READ AND SIGN

You may register for a maximum of 4 UNC "supervision" credits per year, however credit can only be granted in the semester the Teacher Candidate was hosted. Requests for us to process backdated registrations more than a year old cannot be honored at this time. Please make sure you have filled out the form correctly. In accordance with University and Colorado Department of Higher Education policy, you are legally responsible for payment of full tuition and you will not be permitted to drop or withdraw once we receive this registration form. You will be billed by the University for the cost of processing the credit(s).

Signature: _____ Date _____

- Send this form to Lynette Kerrigan, CB 107, 216 McKee Hall, UNC, Greeley, CO 80639, or fax to her attention to 970-351-1877. Please do not do both.

Office use only: Up on Banner _____ Up on Manager _____ Date _____