

***Student Information Form***

Please complete and include this form with your **Approved Program Verification Form** and **PLACE or PRAXIS score report**. Be sure that the applicant section on the Approved Program Verification Form is completed before sending it to me.

**Name**

**Bear #**

**E-mail Address**

**Mailing Address**

**Phone Number**

**Semester & Year of Program Completion**

**Program Level *(BA, Post-BA, MA, etc.)***

**Licensure Area *(ECE, Elementary, ESL, Secondary Content Area, K-12 Content Area, Principal)***

**Name of Institution(s) Attended**

**Charles R. Warren, Ph.D**

**University Licensure Officer**

**College of Education & Behavioral Sciences**

**University of Northern Colorado**

**McKee 126, Campus Box 106**

**Greeley, CO 80639**

**(970) 351-2817**

[**Charles.Warren@unco.edu**](mailto:Charles.Warren@unco.edu)