

**EKU PROCESSING FORM FOR TC1 APPLICATIONS**

Name			Student ID	
Phone #'s				
	Home	Cell	Work	
Email				
Previous Name				

This information is needed to facilitate the processing of your TC1 application. Please return this page with your application.

Term of program completion Indicate Year		Spring
		Summer
		Fall
Type of Certificate and/or Rank Change Requested on this TC1  Check one (may select two if also completing an additional certification)		Rank III – Initial Certification
		Rank II – Masters
		Rank II – 5 <sup>th</sup> Year (non-degree)
		Rank I – Masters
		Rank I – 6 <sup>th</sup> Year (non-degree)
		Additional Certification (identify certificate area)
Level of rank that you currently hold Check one		Rank III – Initial Certification
		Rank II – Masters
		Rank II – 5 <sup>th</sup> Year (non-degree)
		Rank I – Masters
		Rank I – 6 <sup>th</sup> Year (non-degree)
		None, this is my first certification
If completing a certification program, provide completion dates for required assessments for this program.		PRAXIS (list test codes)
		KY Principal
		KY IECE
		No exam required