

***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**

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**Greeley, CO 80639**

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