POST-BACCALAUREATE LICENSURE PROGRAM - AUDIT REQUEST

NEW ULM, MN 56073

The Post-baccalaureate program offered by MLC is available to graduates of D/MLC between the years 1970-2001. Students that graduated during this period would have received a BSE degree without a MN teacher license. This also may be available to add-on to a current MN license

PERSONAL INFORMATION

FIRST NAME		STREET ADDRESS	
MIDDLE INITIAL		CITY, STATE, ZIP	
LAST NAME		HOME PHONE	
MAIDEN NAME		MOBILE PHONE	
CURRENT DATE		SCHOOL EMAIL	
D/MLC GRAD DATE		PERSONAL EMAIL	

PLEASE CHOOSE ONE MN LICENSE THAT YOU WISH TO OBTAIN THROUGH OUR POST-BACCALAUREATE PROGRAM

- ◯ **Early Childhood, Birth - Age 8**
- ◯ **Elementary K-6 (Full License)**
  - **with Communication Arts & Literature 5-8 Endorsement** *(optional add-on)*
  - **with Mathematics 5-8 Endorsement** *(optional add-on)*
  - **with Science 5-8 Endorsement** *(optional add-on)*
  - **with Social Studies 5-8 Endorsement** *(optional add-on)*
  - **with Spanish K-8 Endorsement** *(optional add-on)*
  - **with Educational Technology K-12 Endorsement** *(optional add-on)*
- ◯ **Chemistry 9-12 with General Science 5-8**
- ◯ **Classroom Music: Instrumental K-12**
- ◯ **Classroom Music: Vocal K-12**
- ◯ **Communication Arts & Literature 5-12**
- ◯ **Life Science 9-12 with General Science 5-8**
- ◯ **Mathematics 5-12**
- ◯ **Physical Education K-12**
- ◯ **Physics 9-12 with General Science 5-8**
- ◯ **Social Studies 5-12**
- ◯ **World Language & Culture: Spanish K-12**

Are you currently teaching at a school? ◯ **Yes** ◯ **No**

CURRENT TEACHING STATUS

SCHOOL NAME	
ó/ity, State) ADDRESS	
SCHOOL TYPE	
NUMBER OF YEARS AT THE SCHOOL	

NAME OF COURSE/S TAUGHT	ROLE	LENGTH OF TIME	DIVERSITY %		GRADE LEVEL/S OF COURSES
			MINORITY	SPECIAL NEEDS	
					☐ I/T ☐ A3-5 ☐ GK-2 ☐ G3-6 ☐ G7-8 ☐ G9-12
					☐ I/T ☐ A3-5 ☐ GK-2 ☐ G3-6 ☐ G7-8 ☐ G9-12
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					☐ I/T ☐ A3-5 ☐ GK-2 ☐ G3-6 ☐ G7-8 ☐ G9-12

Do you have any previous teaching experience? ◯ **Yes** ◯ **No**

PREVIOUS TEACHING EXPERIENCE

NAME OF SCHOOL	SCHOOL TYPE	NAME OF COURSE/S TAUGHT	ROLE	LENGTH OF TIME	DIVERSITY %		GRADE LEVEL/S OF COURSES
					MINORITY	SPECIAL NEEDS	
							☐ I/T ☐ A3-5 ☐ GK-2 ☐ G3-6 ☐ G7-8 ☐ G9-12
							☐ I/T ☐ A3-5 ☐ GK-2 ☐ G3-6 ☐ G7-8 ☐ G9-12
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							☐ I/T ☐ A3-5 ☐ GK-2 ☐ G3-6 ☐ G7-8 ☐ G9-12

Have you taken any courses at other accredited Institutions that you believe may give you credit towards your licensure program? ◯ **Yes** ◯ **No**

ACCREDITED COLLEGES OR UNIVERSITIES ATTENDED

Further information my be requested such as transcripts and/or course syllabi. You only need to list the courses you believe may give you credit toward your licensure program.

COLLEGE OR UNIVERSITY	COURSE NAME	CREDITS EARNED

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☐ **I attest that the information provided is true and accurate to the best of my knowledge.**

☐ **I give permission for the Licensure Office to obtain my official file and transcript for the purpose of doing a licensure audit for the Post-baccalaureate program.**

Audit Request Signature	The typed signature below is considered your official signature for this document.