

TNTC

The National Teachers College

OFFICE OF THE ADMISSIONS

APPLICATION FOR THE DEGREE

May: _____ (year)

Social Security # _____ Phone: _____ Email _____

Application for Degree of: _____ Master of Education Degree

If teacher licensure is being sought at the same time, indicate which license you will be receiving:

License: _____

Print your name exactly as you want it to appear on your diploma:

Indicate the phonetic spelling of your name for correct pronunciation:

Maiden Name (if applicable and for office use only): _____

Permanent Address: _____

GRADUATION PRACTICE: _____ I will attend _____ I will not attend

COMMENCEMENT: _____ I will attend _____ I will not attend

Student Signature

Date

Program Director Signature

Date

(Signature of the Program Director verifies that the student has met all requirements for the degree.)

Please submit this form to the Office of Admissions and Site Development