First Name  Last Name  MI  KUID Number

Phone  E-mail Address

1. Check the statement below that best defines your status.
   I will be enrolled in at least six hours for the ________________ terms(s) that are required:
      (Spring, Fall, Summer)
   a. ____ To be accepted into a baccalaureate program.
   b. ____ To be accepted into a graduate program.
   c. ____ For my professional certification (or re-certification) from the State of Kansas as a teacher in an elementary or secondary school in Kansas.

2. List the degree/certification program that you are preparing to complete: __________________________

3. List the course titles, numbers, and credits of your enrollment for the terms listed above:

   Example:          ENGL         101          3
                   (Course title)  (Course Number)  (Credits)
                   __________________________
                   __________________________
                   __________________________
                   __________________________
                   __________________________
                   __________________________

4. Have your Department Chair/Dean complete, sign, and date the statement below.

   I, __________________________, affirm that __________________________ is enrolled or has been accepted for enrollment as indicated above.

   In signing this statement, I attest that all hours of the coursework listed above are pre-requisites for acceptance into the designated undergraduate or graduate program or must be completed to earn initial elementary or secondary teacher certification or re-certification from the State of Kansas where the student intends to teach upon completion.

   __________________________  __________________________
   CHAIR/DEAN SIGNATURE        DATE

5. Sign and return this form to FAS at the address above.

   I affirm that all of the information provided above is accurate.

   __________________________  __________________________
   STUDENT SIGNATURE          DATE