



Application for Licensure-Only Programs

Name		Social Security Number
Address	Phone (home) ()	E-mail Address
	Phone (work) ()	Employer

Please check the program(s) in which you are pursuing licensure or endorsement:

- School Nurse
- Career Based Intervention
- Career & Technical Education
- Business Education (non-degree)
- Adapted Physical Education
(must already hold a current K-12 PE License)

Educational History

Institution	Program of Study	Degree	Year Received	Final GPA

1. Have you been previously enrolled as a student at Ohio State? If so, when was your last quarter of enrollment?
2. Please list any currently held licenses/certifications/endorsements, including the state in which they were attained. **You must submit a copy of these credentials with this application.**

Signature: _____

Date: _____

Please send this completed form to:
 Office of Student & Alumni Services
 Licensure-Only Programs
 100A PAES Building
 305 W. 17th Ave.
 Columbus, OH 43210