



TEACHER EDUCATION PROGRAM OF STUDY
SFN 53896 (05-17)

Educator's Professional License Number

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or

Social Security Number (do not use dashes)

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Name (Last, First, MI)		Maiden Name	
Address			
City		State	Zip Code (9-digit)
Home Telephone Number	Work Telephone Number	Date of Birth	Email Address
High School Attended		High School City Attended	State

Name of Institution			
Mailing Address	City	State	Zip Code
Existing Major/Minor (attach transcripts)			
Pursued Major			

Required Coursework

(based on North Dakota Teacher Education Program Approval Standards)

General Studies	Professional Education	Content Major

Approved Signatures

Program Advisor	Date
Teacher Education Chair	Date
Dean, College of Education	Date
ESPB Approval:	Date

Submit completed form to: Education Standards and Practices Board
2718 Gateway Avenue, Suite 204
Bismarck ND 58503-0585
(701) 328-9641 Office
(701) 328-9647 Fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.