

Teacher Recertification/Provisional Application



VIRGINIA
WESLEYAN
UNIVERSITY

- Recertification New
 Provisional Readmit, Years Attended _____

Semester for which you are applying: [] Fall 20____ [] Spring 20____ [] Summer 20____ [] Winter 20____

Please print or type.

[] Ms. [] Mrs. [] Miss [] Mr. SSN: _____ Email: _____
(If applying for financial aid)

Name: _____
Last First Middle Maiden/Other (if applicable)

Address: _____
Street Apt. #

_____ *City State Zip Cell Phone*

Date of Birth: _____ Gender: M / F Are you a Military Veteran? [] Yes [] No
(mm/dd/yyyy)

Optional: Are you of Hispanic or Latino origin: Yes / No

What is your race? Select one or more of the following: [] American Indian or Alaskan Native [] Asian
[] Black or African American [] White
[] Native Hawaiian or Pacific Islander

In Case of Emergency, Please Call _____ Phone: _____

If not a U.S. Citizen: Country of Citizenship _____ Type of Visa _____
If a permanent resident of the United States, please submit a copy of both sides of your Green Card.

Teacher License Expires _____
Recertification: Copy of license required.

Provisional License Expires _____
Provisional: Copy of license and letter required.

I would like to register for Course _____

TRANSCRIPT: Once your coursework is completed, please contact the Registrar's Office at 757.455.3358 or reg@vwu.edu to request a transcript for your employer.

I understand the conditions of this application as a non-degree seeking student and have provided accurate information. If not, I understand cancellation of my class registration may result.

Signature of Applicant

Date

Send this application to:
Virginia Wesleyan University
Center for Enrollment Services
5817 Wesleyan Drive
Virginia Beach, VA 23455
Email: enrollment@vwu.edu
Fax: 757.461.5238