

**The Ohio State University
Accelerated Licensure Program for Principals
Candidate Information Form**

Name _____

School _____ **Position** _____

School Phone _____ **School Fax** _____

Home Address _____

Home Phone _____ **Cell Phone** _____

Total Years Teaching (CCS full-time) _____ (Other full-time) _____

GPA of Last Degree _____ (most recent degree earned)

Do you currently have a Master's Degree? Yes _____ No _____
(If yes, please indicate degree, awarding institution, and date completed.)

Degree _____ College/University _____ Date _____

Are you currently enrolled in the Graduate School of The Ohio State University?

Yes _____ No _____

(If no, are you currently completing admission requirements and deadlines of the Graduate School?) Yes _____ No _____

How many of the required courses have you already completed? _____

Please indicate courses completed, date completed, and grade.

Are you a resident of Ohio? Yes _____ No _____

Other Comments: _____

Signature _____ Date _____