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 ________ term(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:**
   
<table>
<thead>
<tr>
<th>Course title</th>
<th>Course Number</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 101</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

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**