



School of Education  
Licensure Office  
Post Office Box 1510  
Pembroke, NC 28372  
910.521.6879

***Proof Of Intent  
School of Education  
Lateral Entry/Licensure Only***

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Current Phone #: \_\_\_\_\_ Current Semester: \_\_\_\_\_

Seeking Certification/Licensure Area: \_\_\_\_\_

This statement is to be used as proof of a student's intent to pursue the Teacher Licensure/Certification Program at UNC Pembroke. Completion of this form does not guarantee acceptance into the Teacher Education Program.

\_\_\_\_\_  
**Nuekie Aku Opata – Licensure Officer**

\_\_\_\_\_  
**Date**

**PLEASE NOTE:**

This form is designed for Lateral Entry/Licensure Only students seeking certification *only*. Students completing this form should have a Plan of Study, Individualized Education Program (IEP), or an In-Focus Plan of Study developed by the School of Education.

The Licensure Office is located in the School of Education, Room 101A. When Ms. Opata has signed the form, please forward the completed document to the Financial Aid Office.

**Students obtaining licensure/certification through the RALC cannot receive Financial Aid**