

**MTSU OFFICE OF TEACHER LICENSURE  
Request for Transcript Analysis (Traditional)**

Thank you for your interest in the Post-Baccalaureate Teacher Preparation Program at Middle Tennessee State University. In order to determine the licensure requirements for your requested program area, please complete this form and submit it along with **your** college transcripts which contain your degree confirmation **(please submit only transcripts that confirm your degree. The transcripts cannot be returned or forwarded to any other department).**

When the analysis is complete, you will receive a Program of Study in the form of a letter from the MTSU Office of Teacher Licensure. The Program of Study will list any courses you will be required to take long with the name and contact information of your Educational Advisor.

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

MTSU Identifier (M#) if available: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Academic degree(s) earned: Bachelor\_\_ Master\_\_ Doctorate \_\_

Are you licensed in another state? YES\_\_NO\_\_ If yes, please list endorsement area(s): \_\_\_\_\_

Are you licensed in Tennessee? YES\_\_NO\_\_ If yes, please list endorsement area(s): \_\_\_\_\_

**\*If you hold, or have held a teacher’s license in any state, please include a photocopy of it with this request.  
Please fill in the following blanks:**

**Post-Baccalaureate Initial Licensure Analysis**

**Add-On Endorsement**

I understand that my official MTSU transcripts and official transcripts received from other in-state Educator Preparation Programs (EPPs) will be sent to the TN Department of Education with the recommendation for a teaching license. Teacher candidates must submit all out-of-state transcripts directly to the TN Department of Education.

I would like an evaluation of my transcript by the MTSU Chair(s) of the related academic department(s) to determine the necessary program of study required for licensure in:

**(Specify the area you want to teach)** \_\_\_\_\_

Any additional comments: \_\_\_\_\_

Signed: \_\_\_\_\_

Send to: Middle Tennessee State University  
Office of Teacher Licensure  
P.O. Box 14, Murfreesboro, TN  
37132