

APPLICATION FOR JROTC TEACHING LICENSE

APPLICANT NAME _____ SOCIAL SECURITY NUMBER _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

Both pages of application must be completed and submitted.

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

INITIAL ISSUANCE OF JROTC LICENSE		
INSTRUCTIONS FOR APPLICANTS COMPLETING ACADEMIC TRAINING THROUGH A BRANCH OF THE US MILITARY		
Applicants for a JROTC license in Tennessee must submit to this office:		
_____ A completed application for a Tennessee license.		
_____ Copy of JROTC training certificate		
_____ Official transcripts of credit/degrees earned in colleges/universities in the United States		
TO BE COMPLETED BY DIRECTOR OF SCHOOLS		
APPLICANT IS CURRENTLY EMPLOYED IN OUR JROTC PROGRAM		
School System	Signature of Director of Schools	Date

RENEWAL OF JROTC LICENSE		
TO BE SUBMITTED AFTER MARCH 1 OF EXPIRATION YEAR.		
_____ A completed application for a Tennessee license.		
_____ Copy of JROTC training certificate		
_____ Official transcripts of credit/degrees earned in colleges/universities in the United States		
TO BE COMPLETED BY DIRECTOR OF SCHOOLS		
APPLICANT IS CURRENTLY EMPLOYED IN OUR JROTC PROGRAM		
School System	Signature of Director of Schools	Date