

**DEPARTMENT OF EDUCATION
UNDERGRADUATE TEACHER LICENSURE REGISTRATION**

Please check your program: Early Childhood Education, Pre-K-2
 Elementary Education, 1-6
 Visual Art Education, Level: _____

Name _____ Date _____

Social Security Number _____ Date of birth _____

E Mail _____

Current Address _____

Current Telephone _____

Permanent Address _____

Permanent Telephone _____

When do you anticipate completing the Tufts program (month and year)?

Have you taken the MTEL? If no, please provide a reason.

Yes No

✉ Please return completed form to Tufts University, Department of Education, Paige Hall,
Medford, MA 02155.