



Residency License Application

Chowan University's Residency License is a fast-track cohort model designed to assist residency candidates in meeting residency licensure requirements. Participants can complete coursework in as few as six courses with continuous enrollment. Inquire now to begin the journey.

Enrolling Year: _____ Enrolling Term: Fall (August) Spring (January) Summer (May)

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Date of Birth: _____ Gender: *Male or Female* SSN: _____

Citizen of (Country): _____ Race: _____ Ethnicity: *Hispanic or Non-Hispanic*

High School Attended: _____ High School Graduation Date: _____

College(s) Attended: _____

Last Date of College Attendance: _____ Did you graduate from college? *Yes or No*
Please send us a copy of your college transcript. An unofficial will suffice for admissions purposes, however, an official we will be required prior to enrollment.

What Local Education Agency (LEA)/School System are you employed with?

Residency Licensure Area: _____

Have you ever been charged with, or convicted of a crime, other than a minor traffic violation? *Yes* or No*
**If yes, please explain in a separate document attached.*

Condition of Admission

To the best of my knowledge, all items in my application have been answered correctly and completely. I understand that providing false, misleading, or incomplete answers may prevent my admission into Chowan University and/or terminate my subsequent enrollment. Furthermore, I understand that it is my responsibility to notify Chowan University promptly should any information contained herein change prior to enrollment.

Signature: _____ Date: _____

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