



Information Form Non-Matriculated

Name: _____ SS#: _____

Maiden Name: _____ **SUNY Oswego ID#(required)*** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Occupational Specialization Area: _____

Work experience in specialization area: _____ years (Hands-on experience, NOT teaching)

Educational Background:

High School Name _____ Diploma _____

College Name _____ Major _____
Degree Received _____ GPA _____

College Name _____ Major _____
Degree Received _____ GPA _____

College Name _____ Major _____
Degree Received _____ GPA _____

Teaching Experience

Have you had any teaching experience? Yes No

Are you currently teaching? Yes No

Name of institution teaching (and location) at presently:

Location: _____

PLEASE READ THE FOLLOWING

- SUNY Oswego will not provide advisement for NYS Teaching Certification; I understand that I am pursuing the Individual Pathway for certification directly through the New York State Education Department
- I understand that the Vocational Teacher Preparation and SUNY Oswego will not recommend certification for me. I will work directly with New York State Education Department.
- Courses are **limited** to VTP 307, VTP 309, VTP 317, VTP 444, and VTP 445. Should I decide later to complete the degree requirements for a Bachelor of Science degree, I have the option of applying for admission to the program through the SUNY system.

Course I wish to enroll in: VTP_____ CRN#_____

Date: _____ **Signature:** _____

*** To apply for non-degree SUNY Oswego ID# <https://www.oswego.edu/registrar/undergraduate-non-degree-myoswego-account-activation>**

PLEASE COMPLETE THE ABOVE FORM AND FAX TO 315-312-3062.