



APPLICATION TO REMOVE
COURSE WORK DEFICIENCY AND/OR ASSESSMENT DEFERRAL

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)

Grid of boxes for LAST NAME

LAST NAME

Grid of boxes for FIRST NAME

FIRST NAME

Box for MI

MI

Box for GENDER

GENDER

Grid of boxes for SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

Grid of boxes for BIRTH DATE

BIRTH DATE (Month-Day-Year) - Required

Grid of boxes for ADDRESS

ADDRESS (Street ONLY no P.O. Box)

Grid of boxes for Apt. #

Apt. #

Grid of boxes for City

(City)

Grid of boxes for State

(State)

Grid of boxes for Zip Code

(Zip Code)

FORMER LAST NAME(S) Required

Grid of boxes for Home Phone

PHONE (Home)

Grid of boxes for Work Phone

(Work)

Race/Ethnicity

Box for Race/Ethnicity

(Optional)

- 1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS

- 1. Have you ever been convicted of any crime, excluding minor traffic violations?
2. Have you been dismissed for cause from any position?
3. Have you ever surrendered a professional certificate, license, permit or other credential...

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must submit, periodically, a database of applicants for an initial issuance of a certificate, authorization or permit to the State Police Bureau of Investigation for a criminal history record check.

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately.

APPLICANT ATTESTATION: I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate.

ORIGINAL SIGNATURE OF APPLICANT: [Signature Line] DATE: [Date Line]

Original Signatures Must Be On The Form Submitted

ED 184
REV. 7/19
C.G.S. 10-145
C.G.S. 10-145d, P.A. 03-168

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Educator Standards and Certification
P.O. Box 150471
Hartford, CT 06115-0471
www.ct.gov/sde/cert



**INSTRUCTIONS TO APPLICATION TO REMOVE
COURSE WORK DEFICIENCY AND/OR ASSESSMENT DEFERRAL**

Applicant:

- a. Complete application on the reverse side.
- b. To remove a course work deficiency, an official transcript which includes the embossed or colored seal of the issuing college or university.
- c. To remove an assessment deferral, contact the appropriate testing agency and request that this testing agency forward your official test scores to the Bureau of Educator Standards and Certification. If the PRAXIS I or II Assessment was completed outside of Connecticut, please indicate Connecticut's score recipient code of R7050.
- d. Return completed application with required documents/information to the Bureau of Educator Standards and Certification.