

The University of Tennessee, Knoxville
College of Education, Health, and Human Sciences

Request to be Recommended for School Social Worker License

Directions: Licensure Candidate will complete form and submit to Jennifer Scagnelli. Form cannot be emailed, due to UT ID and SSN being provided, which is required, unless UT's Vault email (<https://vault.utk.edu/>) is utilized, via OIT.

Mailing address: Ms. Jennifer Scagnelli
UT – College of Social Work
1618 W. Cumberland Ave.
401 Henson Hall
Knoxville, TN 37996-3333

To Be Completed by Teacher Candidate:

Name: _____ Date of Birth: _____
Last First MI

UT ID _____ SSN: _____
(required) (required)

Mailing Address: _____
Street City State Zip Code

Primary Email Address: _____ Secondary Email: _____

Primary Tele. (day): _____
(include area code)

Semester of Program Completion: _____

The following information is collected for the purpose of federal reporting requirements.

Ethnicity: _____ Hispanic or Latino Gender _____ Male
_____ Not Hispanic or Latino _____ Female

Race – mark all that apply _____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ Native Hawaiian/Other Pacific Islander
_____ White

Applicant is responsible for:

- submitting this form to the address above,
- requesting all official, paper transcripts be submitted to Ms. Scagnelli,
- ensuring there are no “holds” on their UT account, financial or otherwise, and
- creating their TNCompass account with the TN Department of Education,
<https://tdoe.tncompass.org/Account/Login?ReturnUrl=%2f>.