

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 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

Also, see bulleted notes at bottom of form.

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: _____

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>.