TRANSITION TO TEACHING
REGISTRATION FORM

PART I: PARTICIPANT DATA *(Please Print or Type; Complete All Fields)*

Name: _____ HRID#:_____
Last First Middle

Home Address: _____
Street Address

_____
City State Zip Code

Home Phone: (_____)_____☐ Daytime Phone: (_____)_____☐
(Please mark box to indicate preferred reach number)

Net Credited Service Date: _____ Off-Payroll Date: _____

PART II: PARTICIPANT EDUCATION RELATED DATA

In which state do you intend to teach?:_____

What subjects would you like to teach? (check one or rank by preference):

1. _____ 2. _____ 3._____

What school level do you prefer to teach? (check one or rank by preference)

Elementary _____ Junior High _____ Senior High School _____

Undergraduate Institution Attended: _____

Degree Earned: _____ Year of Graduation: _____

Major(s): _____ Minor(s): _____

Graduate Institution Attended (if any): _____

Degree Earned: _____ Year of Graduation: _____

Major(s): _____ Minor(s): _____

PART III: PARTICIPANT'S AGREEMENT

By signing this registration form, I indicate my intention to pursue state teacher certification through an alternate-route or other post-baccalaureate certification program. I acknowledge that I have read 'AT&T/Alliance to Teaching Program Description' and 'Questions and Answers'. I understand how the Program operates, its requirements and limitations as well as my obligations.

_____ _____
Registrant Signature Date

Return Completed Forms To: AT&T/ALLIANCE TRANSITION TO TEACHING
The Alliance
80 Cottontail Lane – Suite 320
Somerset, NJ 08873

Questions/Assistance: 800-323-3436