

REQUEST FOR CHANGE/ACTION
 South Carolina Department of Education
 Division of School Effectiveness – Office of Educator Services
 8301 Parklane Rd
 Columbia, South Carolina 29223
<http://ed.sc.gov>

Directions

- ❖ To initiate action, please complete and submit this form along with support documentation to above address. Not all requests will result in correspondence being sent. Check the Web site for the status of your request.
- ❖ Requests may be submitted by mail, fax (803-896-0368), or hand-delivery. Requests will be processed in the order they are received, regardless of the method of submission. Transcripts must be in an official sealed envelope.

SSN	License #	District Employed	
Name	Last	First	MI
	Former Name		
Address	Street	City	State
	Zip		
E-Mail	Home Ph. ()	Work Ph. ()	
Are you currently applying for or participating in PACE (alternative licensure)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate the nature of your request in the area below.

- 1. Evaluate my transcripts for the alternative licensure program (PACE) in the subject of _____.
- 2. Evaluate my file for adding the license area of _____.
- 3. Evaluate my file for eligibility for the *master's plus 30* credential in the license area of _____.
- 4. Add the following license area(s) for which *all* requirements have been met: _____.
- 5. Add a one-year extension to my professional license for school year _____.
- 6. Renew my professional license. All required documentation has been submitted or is enclosed.
- 7. Advance my initial license to a professional license *prior to* the automatic processing date (June 30). All requirements have been met. (Educators who are eligible to advance to a professional license and who wish to wait until the June 30 automatic processing date do *not* need to submit this request form.)
- 8. Advance my license to the *bachelor's plus 18* level. Official *graduate* transcripts have been submitted.
- 9. Advance my license to the *master's degree* level. Official *graduate* transcripts have been submitted.
- 10. Advance my license to the *master's plus 30* level in the area of _____.
- 11. Advance my license to the *doctorate degree* level. Official *graduate* transcripts have been submitted.
- 12. Change my name and/or address, as listed above.
- 13. Add additional year(s) of teaching experience. Verification forms are on file or enclosed.
- 14. Send me an official copy of my current license. The \$10.00 fee is enclosed. (*check or money order only*)
- 15. Approve the following course _____
 from _____ for the purpose of _____. A course description is attached.
- 16. Other _____

Signature

Date

Effective Date of Credential

If the State Department of Education (SDE) receives the educator's request and all required documentation between

- ❖ May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
- ❖ November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied.
- ❖ November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SDE.

Status of requests can be confirmed from the Educator Licensure website. An official educator license will be provided only when an educator qualifies for their very first South Carolina license. All subsequent changes, additions or modifications to a license may be confirmed by the educator and a license copy printed from the Licensure Status page on our secure website at <http://ed.sc.gov>.