

**South Carolina Teaching Fellows
Contact Information Update**

Name (please print): _____ Cohort _____

Date: _____ Social Security Number: _____ - _____ - _____

On the line below, indicate any name change since you initially became a Fellow.

Contact Information: Please provide accurate information that will ensure CERRA's ability to contact you.*

Address: _____

Phone: _____ Cell: _____

E-mail address: _____

Plans for fall 2008: Check one

Teaching Graduate School: Institution _____

Continuing undergraduate degree: Anticipated graduation date: _____

Military Service Other: _____

Do you hold a SC Teaching Certificate? YES NO PENDING

If YES, please provide your certificate number: _____

If you are under contract to teach in South Carolina for the fall of 2008, please provide the following information:

School District Name: _____

School Name: _____

Subject and grade you will be teaching: _____

*The Master Promissory Note and Loan Agreement requires that you inform CERRA of any and all changes in your contact information and teaching status as they occur. For your convenience, this form may be accessed online at www.cerra.org.

Fellow's Signature: _____

Your signature is verification that all information on this form is accurate.

**Return to:
CERRA Teaching Fellows Program
Stewart House at Winthrop University
Rock Hill, SC 29733
OR
FAX to CERRA at 803.323.2339**