

ADVISOR'S VERIFICATION FORM FOR CERTIFICATION

_____ Principal _____ Supervisor _____ Letter of Eligibility

_____ School Nurse _____ Psychologist _____ Counselor

_____ Elementary _____ Special Education _____ Early Childhood

_____ Secondary: Specific area _____

_____ Coaching Endorsement: _____

Is this certification a new credential (yes _____ no _____)

OR an add-on credential to an existing certification (yes _____ no _____)

PLEASE PRINT CLEARLY

STUDENT NAME: _____

Student ID: _____ *GPA: _____

Phone number (home): _____ (work) _____

Cell phone number: _____ e-mail _____

*Date of birth: _____

*Area of Certification: _____

*Date of initial bachelor degree: _____

* Information needed to affirm and recommend your certification application

The application will not be processed without your advisor's signature. It is your responsibility to obtain your advisor's signature before submitting this form to the Certification Officer. Also, do not submit the application until you have received your passing scores on the PRAXIS tests.



The student has completed all course work required for certification as of _____
(Month, Day, Year)

Advisor's Name _____

ADVISOR'S SIGNATURE _____

DATE: _____