



Advisor's Verification Form for Certification

(TOP OF FORM-TO BE COMPLETED BY STUDENT)

Area of Certification that you are applying for. The information below is needed to affirm and recommend your certification application (TIMS) with the PA Department of Education.

For Office Use Only
Date submitted to PDE _____
Approved by PDE:
Yes No

Please select below.

Principal Letter of Eligibility Supervisor of Pupil Personnel Services

Supervisory (Select one: Curriculum & Instruction Supervisor of Special Education Single Subject)

If single subject, please indicate what subject _____

School Counselor Reading Specialist Elementary Special Education

K-12 (Select one: BCIT Music) OR Secondary (Select one: English Social Studies
Chemistry Biology)

Endorsement (Select one: Instructional Coach STEM Mathematics Coaching
Social, Emotional, Behavioral Wellness

Is this an add-on to an existing certification? yes no OR is this your first certification? yes no

Student Name: _____

Student ID: _____ *GPA: _____

Phone number (cell): _____ E-mail _____

Date of birth (year only): _____ Date and place of initial bachelor's degree: _____

The application cannot be processed without your advisor's signature. Please obtain your advisor's signature before submitting this form to the Certification Officer.

Please contact the Certification Officer, Leah Bustraan at 484-323-3297 or lbustraan@immaculata.edu with any questions.

(TO BE COMPLETED BY ADVISOR)

The student has **completed all course work required** for certification as of (enter date): _____

Advisor's NAME: _____

Advisor's SIGNATURE: _____

Date Signed: _____