

**VERIFICATION OF COLLEGE PREPARATION
RECOMMENDATION FOR TEACHER CERTIFICATE**

Applicant Name: _____ **Soc. Sec. #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

INSTRUCTIONS: The information below is to be completed by the designated college official. Complete the appropriate section(s) and return this form to the applicant.

TEACHERS / INSTRUCTIONAL PERSONNEL

14. On _____, _____ (_____)
Mo. Day Year Name of Applicant Social Security Number

satisfactorily completed the teacher preparation program in the following instructional area(s):

Please check applicable information below:

- | | | |
|--|--|---|
| <input type="checkbox"/> State Board of Education Approval Program | <input type="checkbox"/> was AWARDED THE _____ DEGREE. | |
| <input type="checkbox"/> State Standards | <input type="checkbox"/> Other Standards | <input type="checkbox"/> was NOT AWARDED a degree from this institution. |
| <input type="checkbox"/> NCATE Approved Program | <input type="checkbox"/> Regional Accreditation | |

ADMINISTRATIVE / NON-INSTRUCTIONAL PERSONNEL

15. On _____, _____ (_____)
Mo. Day Year Name of Applicant Social Security Number

satisfactorily completed the administrative/non-instructional program in the following area(s):

Please check applicable information below:

- | | | |
|--|--|---|
| <input type="checkbox"/> State Board of Education Approval Program | <input type="checkbox"/> was AWARDED THE _____ DEGREE. | |
| <input type="checkbox"/> State Standards | <input type="checkbox"/> Other Standards | <input type="checkbox"/> was NOT AWARDED a degree from this institution. |
| <input type="checkbox"/> NCATE Approved Program | <input type="checkbox"/> Regional Accreditation | |

NON-RECOMMENDATION

16. _____ (_____) is **NOT RECOMMENDED** for
Name of Applicant Social Security Number

teacher licensure for the following reason(s): _____

CERTIFICATION OFFICIAL

Dean or Designated College Official

Title or Position

College or University

Date