



STATEMENT OF PREPARING HIGHER EDUCATION INSTITUTION

This institutional recommendation must be signed by the administrative official authorized to make such a recommendation, the dean of education or certification officer, and must include the embossed or colored seal of the college or university.

PRINT all information in blue ink and in uppercase letters.

LAST NAME

FIRST NAME

MI

SOCIAL SECURITY NUMBER

BIRTH DATE (Month-Day-Year) - Required

NAME OF HIGHER EDUCATION INSTITUTION

CITY, STATE, ZIP CODE

The section below must be completed fully by the authorized college or university official.

- 1. The applicant has successfully completed an approved, planned program for certification in: (subject/field/grade)
- 2a. Student teaching/practica/internship was completed at (school/district) in (grade/subject) from to
- 2b. Student teaching/practica/internship was completed at (school/district) in (grade/subject) from to
- 2c. Was student teaching/practica/internship waived on the basis of pre-approved experience? Yes No Please attach a written explanation and a Statement of Professional Experience form.
- 3. Subject-area major:
- 4. Date applicant completed all planned program requirements: (mm/dd/yyyy) / /
- 5. Is the applicant recommended for certification as a school psychologist with an internship deficiency? Yes No
- 6. Is the applicant unconditionally recommended for certification (has satisfactorily completed this institution's approved planned program, has the qualities of character and personal fitness for teaching and is competent in the area for which the endorsement is sought)? Yes No

SIGNATURE OF DEAN OF EDUCATION OR CERTIFICATION OFFICER
(ORIGINAL SIGNATURE: NO SIGNATURE STAMPS ACCEPTED)

TITLE

TYPED OR PRINTED NAME OF PERSON SIGNING ABOVE

DATE SIGNED

TELEPHONE

EMAIL ADDRESS

Institution Accreditation: NCATE Regional Accrediting Agency Other

PLACE COLLEGE OR UNIVERSITY SEAL HERE