

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

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:

- State Board of Education Approval Program was **AWARDED THE** _____ **DEGREE.**
 State Standards Other Standards was **NOT AWARDED** a degree from this institution.
 NCATE Approved Program 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:

- State Board of Education Approval Program was **AWARDED THE** _____ **DEGREE.**
 State Standards Other Standards was **NOT AWARDED** a degree from this institution.
 NCATE Approved Program Regional Accreditation

NON-RECOMMENDATION

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

teacher licensure for the following reason(s): _____

LICENSURE OFFICIAL

Dean or Designated College Official

College or University

Title or Position

Date