

New Jersey State Department of Education
Office of Licensure and Credentials

VERIFICATION OF PROGRAM COMPLETION

For submission by anyone who has completed a college/university teacher preparation program.

A. Basic Information Please print your name as it appears on any documentation that you are required to submit

| | | |
|------------------------|----------------------|------------------------|
| Last Name | First Name | Middle Name or Initial |
| Street Address | | |
| City | State | Zip |
| Social Security Number | Date of Birth: Month | Day Year |

B. To Be Completed by College/University

The above named applicant has requested New Jersey teacher licensure. Please complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant completed his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify your information with your school seal. **PLEASE RETURN THIS FORM TO THE APPLICANT.**

a. Has this applicant completed your teacher education program? Yes No
If yes, please list date of completion. Circle whichever applies

b. Was the applicant eligible for certification in your state at the completion of his/her teacher preparation program? If no, what were the deficiencies? Yes No
Circle whichever applies

c. If student teaching is not identified as "student teaching" on the transcript, how is it described and how was it satisfied?

d. Major area and/or grade level in which applicant is recommended to teach:

e. Applicant's date of matriculation:

C. Certification

| | |
|---|---------------------------|
| Name of College/University | College / University Seal |
| Address | |
| City State Zip | |
| Printed Name of Individual Completing this Form | |
| Contact Telephone Number | |
| Printed Name & Title of Authorizing Officer (Chairperson, Education Department/Certification Officer) | |
| Signature of Authorizing Officer | |
| Date | |

Applicant: please return this form to:
New Jersey State Department of Education
Office of Licensure and Credentials
P.O. Box 500
Trenton, New Jersey 08625-0500
Attention: Verification of Program Completion