

Teacher Certification Data/Graduate Exit Document

SUBMIT FORM TO THE STUDENT TEACHING OFFICE Date _____

Please type or print:

First Middle Maiden Last

Social Security Number _____ Major _____

Permanent Mailing Address _____

House no. Street
Telephone no. () _____

City State Zip

Degree _____ Date received _____

Technology Course: Name & Course no. _____

University where enrolled for course Date Sem. Hours

Child Abuse Training: Course & Course no. _____

University where enrolled for course Date Sem. Hours

Praxis II Score _____ Date _____ Reading Assessment Score _____ Date _____

VCLA Score _____ Date _____

FIRST STUDENT TEACHING EXPERIENCE

School: _____ City: _____

Cooperating Teacher: _____ Grade/Level: _____

Last name First name

Special Education: ()LD ()ED ()MR Practicum (non-teaching) Music ()Instrumental ()Voice

SECOND STUDENT TEACHING EXPERIENCE

School: _____ City: _____

Cooperating Teacher: _____ Grade/Level: _____

Last name First name

Special Education: ()LD ()ED ()MR Practicum (non-teaching) Music ()Instrumental ()Voice

Student Teaching Final Grade _____ Semester Credit Hours _____

Director, Center for Professional Development Date

Employment/Graduate School Plans _____