

## College of Education Request for Institutional Recommendation

Please print legibly. Complete both sides.

Date: \_\_\_\_\_

**Name:** \_\_\_\_\_  

Last
First
Middle/Maiden/Previous

**SS#** \_\_\_\_\_ **SID#** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(address after graduation)

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  Male  Female

**1. Predominant Ethnic Background:**

(required for Federal reporting purposes)

- Hispanic     Black     Asian or Pacific Islander     American Indian/Alaskan Native     Caucasian and all others

**2. Student teaching completed in grade level(s):** PRE-K   K   1   2   3   4   5   6   7   8   9   10   11   12  
 (Circle grade level)

**3. Please check the certificate for which you are applying:**

Early Childhood (birth – age 8)    Elementary (K-8)    Special Education -- (i.e., LD, MR, etc.) \_\_\_\_\_

Secondary (7-12)   Major \_\_\_\_\_ (majors are listed on back of this form)

Supervisor    Principal    Superintendent    School Psychologist    School Counseling & Guidance

**4. Please check the \*K-12 endorsement for which you are applying. (Only these endorsements can be submitted by IR.)**

Art/Art Education (K-12)     PE (K-12)     Music/Music Education (K-12)

*\*See reverse side for endorsements available from the Arizona Department of Education.*

**5. U.S. Constitution**  Yes  No

**Arizona Constitution**  Yes  No

**SEI :**

\_\_\_\_\_  
 (list course/list institution)

\_\_\_\_\_  
 (list course/list instruction)

\_\_\_\_\_**Foundation**    \_\_\_\_\_**Methods**  
 (list course)                      (list course)

**6. Degree:**

Bachelor

Masters

Education Specialist

Doctorate

Post Baccalaureate

**Date of Completion:** \_\_\_\_\_

**Are you in:**

College of Science Teacher Preparation Program     Teach AZ     Other: \_\_\_\_\_  
(name program)

**7. Please list all universities/colleges where course work was completed (use additional page if necessary):**

University/College	Location (City, State)	Major	Degree Awarded	Date Awarded

**Family Educational Rights and Privacy Act of 1974 (FERPA)**

In certain instances in the processing of your academic and certification paperwork, we may need a signed statement authorizing us to access and release particular academic information to states or agencies requesting it for certification purposes. Your release of this information is optional, but requesting states likely will not approve your application for teacher/administrative/school psychologist/school counseling and guidance certification without the requested information.

I authorize The University of Arizona Registrar's Office to release my transcripts to Letty Gutierrez, COE Student Service. I further authorize Letty Gutierrez, to release that information to third parties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secondary Majors**

Agricultural Education  
Art Education  
Dance  
English  
Extended English  
Family and Consumer Science  
French  
German Studies

Health Education  
History  
Latin  
Mathematics  
Music Education  
Physical Education  
Political Science  
Russian

Science Education  
Biology  
Chemistry  
Earth Science  
Physics  
General Science  
Social Studies  
Spanish  
Theatre Arts Education

**K-12 endorsements (unless noted differently)**

**These endorsements are available ONLY by presenting transcripts for evaluation to the Arizona Department of Education.**

Please check the endorsement(s) you will request from the Arizona Department of Education.

- |   |   |
|---|---|
| <input type="checkbox"/> Bilingual K-8  | <input type="checkbox"/> Bilingual 7-12         |
| _____Specify language<br><i>(If Spanish, the Arizona Classroom Teacher Spanish Proficiency Examination must be passed.)</i> |   |
| <input type="checkbox"/> Dance  | <input type="checkbox"/> Dramatic Arts          |
| <input type="checkbox"/> English as a Second Language   | <input type="checkbox"/> Gifted Education       |
| <input type="checkbox"/> Library Media Specialist   | <input type="checkbox"/> Mathematics Specialist |
| <input type="checkbox"/> Reading Specialist   |   |

***OFFICE USE ONLY***

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date enter in database: \_\_\_\_\_

Initials: \_\_\_\_\_