College of Education Request for Institutional Recommendation

Please print legibly. Complete both sides. Date:

Address: (please list the address after graduation where the IR can be mailed) City:	Name:	т	?i.e.t	A A' _ 1L L : A A	idan/Duaria
Address: (please list the address after graduation where the IR can be mailed) City:					
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Phone Number:					
Date of Birth:	City:		State	ZIP	
Predominant Ethnic Background: (required for Federal reporting purposes) Hispanic	Phone Number:				
Predominant Ethnic Background: (required for Federal reporting purposes) Hispanic	E-Mail				
Predominant Ethnic Background: (required for Federal reporting purposes) Hispanic	Date of Birth:	Please	e check gender (Fede	eral categories): Male	Female
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Student teaching completed in grade level(s): (Select all applicable grade levels) RE-K K 1 2 3 4 5 6 7 8 9 10 11 12 ull School Name	e e			ian/Alaskan Native	Caucasian and all oth
RE-K K 1 2 3 4 5 6 7 8 9 10 11 12 Please check the program/certificate for which you are applying: Early Childhood (birth – grade 3) Elementary (K-8) Special Education: MMD Sev&Mult HI/DHH Secondary (6-12) Major/Subject: Teach AZ College of Sciell Art/Art Education (preK-12) Music/Music Education (preK-12) Principal Superintendent Supervisor School Psychologist School Counseling & Guidance Please check the PreK-12 endorsement for which you are applying if applicable. It teaching certificates require SEI at minimum. These are the only endorsements that can awarded via IR. SEI: Check course(s) taken ESL Bilingual LRC or TLS 416 or 516 *Proof must be provided that you have passed the AZ Classroom Spanish Proficiency Exam; please attach when submitting this request. LCEV 408 or 508 LCEV 508 or 516 Other: (transcript required) Arizona & U.S. Constitution: (List institution(s) where take the course is not in UAccess, please provide an official transcript verifying completion of this requirement with this requot required for graduate program IR awarding or for administrator, School Counseling, or School Psychology certificates. Degree: Date of Completion: (Check degree type below) Bachelor Masters Education Specialist Doctorate Post Baccalaureate Certificate Only Other (name program):	•				
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	Certificate Only Other	(name program):			
University/College Location (City, State) Major Degree Awarded Date Awarded					
	University/College	Location (City, State)	Major	Degree Awarded	Date Awarded

Rev. 1/2019 CONTINUED ON PAGE 2

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.

Certification without the requested information.

I authorize The University of Arizona Registrar's Office to release my transcripts to the Certification Officer in the College of Education Student Services Office. I further authorize the Certification Officer to release that information to third parties.

Signature _______ Date ______

Please check how you wish to receive your IR: Pick up in person in Education building (Tucson) Mail to address on page 1

OFFICE USE ONLY	
Comments:	
	Date enter in database:
	Initials: