

College of Education Request for Institutional Recommendation

Please print legibly. **Complete both sides.**

Date: _____

Name: _____
Last First Middle/Maiden/Previous

SSN# _____ **SID#** _____

Address: _____
 (please list the address after graduation where the IR can be mailed)

City: _____ **State** _____ **ZIP** _____

Phone Number: _____

E-Mail _____

Date of Birth: _____ **Please check gender (Federal categories):** **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): (Select all applicable grade levels)

PRE-K K 1 2 3 4 5 6 7 8 9 10 11 12

Full School Name _____ **School District** _____

3. 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 VI
- Secondary (6-12) Major/Subject: _____ Teach AZ College of Science
- Art/Art Education (preK-12) Music/Music Education (preK-12)
- Principal Superintendent Supervisor School Psychologist School Counseling & Guidance

4. Please check the PreK-12 endorsement for which you are applying if applicable.

All 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
 LRC or TLS 417 or 517 the AZ Classroom Spanish Proficiency Exam;
 LCEV 408 or 508 please attach when submitting this request.
 LCEV 508 or 516
 Other: _____ (transcript required)

5. Arizona & U.S. Constitution: _____ (List institution(s) where taken)

**If this course is not in UAccess, please provide an official transcript verifying completion of this requirement with this request. Not required for graduate program IR awarding or for administrator, School Counseling, or School Psychology certificates.*

6. Degree: Date of Completion: _____ (Check degree type below)

- Bachelor** **Masters** **Education Specialist** **Doctorate** **Post Baccalaureate**
Certificate Only **Other (name program):** _____

7. Please list all institutions where coursework was completed if not already in UAccess (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 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: _____