

Petition for Certification or Specialist Credential Eligibility

If you anticipate completing your master's degree at the same time as Certification or Specialist Credential/Endorsement please submit only a Master's Petition for Degree Conferral form. This petition is required to initiate an audit for confirmation of certification eligibility and accurately process your final transcript. Failure to submit this form and the \$100 fee during the term prior to your completion will delay processing your certification eligibility. Your Certificate of Certification Eligibility is not official until the eligibility statement appears on your transcript.

Please print your name exactly how it should appear on the certification paperwork:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID	Last name	First	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City/Town	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	e-mail		

I anticipate completing my requirements by (month/year): _____

Please check specific concentration:

Educator Certification	<input type="checkbox"/> K-12 Music Education certification
<input type="checkbox"/> K-8 Elementary Education certification	<input type="checkbox"/> K-12 Physical Education certification
<input type="checkbox"/> 5-8 Math Middle School certification	<input type="checkbox"/> K-12 Reading and Writing Teacher
<input type="checkbox"/> 5-9 General Science Education certification	<input type="checkbox"/> K-12 Spanish Education certification
<input type="checkbox"/> 5-12 English Education certification	<input type="checkbox"/> K-12 Teaching ESOL certification
<input type="checkbox"/> 5-12 Social Studies Education certification	
<input type="checkbox"/> 7-12 Biology Education certification	Specialist Credential/Endorsement
<input type="checkbox"/> 7-12 Math Education certification	<input type="checkbox"/> K-12 Reading and Writing Specialist
<input type="checkbox"/> K-12 Art Education certification	<input type="checkbox"/> K-12 School Counselor
<input type="checkbox"/> K-12 Computer Technology Educator certification	<input type="checkbox"/> K-12 School Principal
<input type="checkbox"/> K-12 French Education certification	<input type="checkbox"/> K-12 School Psychologist certification
<input type="checkbox"/> K-12 General Special Education certification	<input type="checkbox"/> K-12 Special Education Administration
<input type="checkbox"/> K-12 Health Education certification	<input type="checkbox"/> K-12 Superintendent of Schools
<input type="checkbox"/> K-12 Library Media Specialist certification	<input type="checkbox"/> K-12 Curriculum Administrator

Student Signature: _____ Date: ____/____/____

PAYMENT METHOD:

Check (Payable to PSU) Visa MasterCard Discover American Express

<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Expiration Date	CVV2 Code

I authorize Plymouth State University College of Graduate Studies to charge \$ _____ to my credit card.

Card Holder Signature _____

Please submit form and payment to:
Plymouth State University College of Graduate Studies - MSC 11, 17 High St, Plymouth NH 03264-1595 Fax (603) 535-2572
Questions? Contact Sarah Robertson, Assistant Registrar & Graduate Degree Auditor, (603) 535-3292 or slrobertson1@plymouth.edu