Plymouth State University
Office of Teacher Certification

TEACHER CERTIFICATION CANDIDACY APPLICATION

Please type or print all information

APPLICANT INFORMATION

NAME_____
Last First M.I.

STUDENT ID_____ DATE OF BIRTH_____
mm/dd/yyyy

HUB SUITE_____ PHONE/CELL PHONE _____

EMAIL_____

HAVE YOU EVER REGISTERED UNDER A DIFFERENT LAST NAME?
IF SO, INDICATE NAME

_____

****Please make sure your address is updated in Banner****

ACADEMIC INFORMATION

MAJOR_____

NAME OF
ADVISOR_____

My signature indicates that I give Plymouth State University permission to use any of my course work relative to teacher certification for accreditation and state program approval processes. It is my understanding that Plymouth State University will not include my name on the work samples. I have read and understand the Road to Teacher Certification and have been informed of all requirements. I understand that the deadlines for these requirements to student teach are my responsibility and failure to meet these deadlines will impede my progress towards a student teaching placement being facilitated.

_____ _____
APPLICANT SIGNATURE IS REQUIRED ***DATE***

This form should be returned to the Office of Teacher Certification, Plymouth State University, Speare 220, MSC 41A, Plymouth, NH 03264. (603) 535-2224