

Plymouth State University
Office of Teacher Certification

TEACHER CERTIFICATION CANDIDACY APPLICATION

Please type or print all information

<u>APPLICANT INFORMATION</u>		
NAME _____ Last First M.I.		
STUDENT ID _____	DATE OF BIRTH _____ mm/dd/yyyy	
HUB SUITE _____	PHONE/CELL PHONE _____	
HAVE YOU EVER REGISTERED UNDER A DIFFERENT LAST NAME? IF SO, INDICATE NAME _____		
**Please make sure your address is updated in Banner.		

<u>ACADEMIC INFORMATION</u>
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.	
_____ Signature	_____ Date

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 215, MSC 41A, Plymouth, NH 03264.*