Application for Graduate Certification or Specialist Credential Endorsement

If you anticipate completing your graduate degree at the same time as your certification endorsement, please submit only a Degree Application for MA, MAT, MBA, MEd, MS, CAGS and EdD Degree Conferral form; you do not need to complete this form as well.

This application form is required to initiate an audit of your certification requirements and to process your certification endorsement. To avoid delays, please submit this form at least one term prior to your anticipated completion date.

Once all final requirements have been completed and verified, PSU will endorse you for certification and a statement of completion and accreditation will be reflected on your PSU transcript. The PSU Office of Educator Preparation will be notified at that time to initiate the licensure process through the NH DOE. This process is online and you will be notified through your PSU e-mail account once this process is complete.

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

Student ID  Last name  First  MI
Home Address  City/Town  State  Zip  Home Phone

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

Please check specific concentration:

**Educator Certification**
- Art Education, K–12
- Education Technology Integrator, K–12
- Elementary Education, K–8
- English Education, 5–12
- French Education, K–12
- General Special Education, K–12
- Health Education, K–12
- Learning Disabilities, K-12
- Library Media Specialist, K–12
- Life Sciences, 7–12
- Mathematics, 5–8
- Mathematics, 7–12
- Middle Level Science, 5–9

**Specialist Credential/Endorsement**
- Physical Education, K–12
- Reading and Writing Teacher, K–12
- Social Studies Education, 5–12
- Spanish Education, K–12
- Teaching ESOL, K–12
- Curriculum Administrator, K–12
- Reading and Writing Specialist, K–12
- School Counselor, K–12
- School Principal, K–12
- School Psychologist, K–12
- Special Education Administrator, K–12
- Superintendent, K–12

Student Signature: _______________________________________________________ Date: _____/_____/_______

Please submit form to:
Plymouth State University Office of the Registrar - MSC 7, 17 High St, Plymouth NH 03264-1595 or Fax: (603) 535-2572

Questions? Contact Sarah Robertson, Associate Registrar & Graduate Degree Auditor, (603) 535-3292 or slrobertson1@plymouth.edu

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