



Application for Graduate Certification or Specialist Credential Endorsement

Please return this form to the registrar's office: PSU-DegreeInfo@Plymouth.edu

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 Holmes Center for School Partnerships and 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 clearly print your name exactly (including capitalization) how it should appear on the certification paperwork:

Last Name _____ First Name _____ Middle _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Student ID _____

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

Please check specific concentration:	
Educator Certification	
<input type="checkbox"/> Art Education, K-12	<input type="checkbox"/> Middle Level Science, 5-9
<input type="checkbox"/> Digital Learning Specialist, K-12	<input type="checkbox"/> Physical Education, K-12
<input type="checkbox"/> Education Technology Integrator, K-12	<input type="checkbox"/> Social Studies Education, 5-12
<input type="checkbox"/> English Education, 5-12	<input type="checkbox"/> Spanish Education, K-12
<input type="checkbox"/> French Education, K-12	<input type="checkbox"/> Teaching ESOL, K-12
<input type="checkbox"/> General Special Education, K-12	Specialist Credential/Endorsement
<input type="checkbox"/> Health Education, K-12	<input type="checkbox"/> Curriculum Administrator, K-12
<input type="checkbox"/> Learning Disabilities, K-12	<input type="checkbox"/> Reading and Writing Specialist, K-12
<input type="checkbox"/> Library Media Specialist, K-12	<input type="checkbox"/> School Counselor, K-12
<input type="checkbox"/> Life Sciences, 7-12	<input type="checkbox"/> School Psychologist, K-12

Student Signature _____ Date _____

Processed by: _____	Date _____	8/2023
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