



Forms are available at: dpi.wi.gov/tepd/applications.html

I. APPLICANT INFORMATION *Complete and Forward To Institution*

Legal Name <i>First</i>	<i>Middle Int.</i>	<i>Last</i>	Social Security No.*
Address <i>Street, Box, City, State, Zip</i>			Telephone <i>Area/No.</i>
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
License(s) Requested			

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES *Complete and Return to DPI*

1. Did the applicant complete your institution's state-approved program leading to educator licensing?

YES, Applicant completed program on: _____ (Mo./Yr.)

Identify below Educator License(s) for which applicant qualifies in your state.

License Area	Subject/Category and/or Position	Grade/Development Level
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Pupil Services		
<input type="checkbox"/> Administrator		

NO, *Explain:*

2. The license(s) recommended in question 1 (above) is based on completion of a:

- Broad Field Major in: _____ with concentration(s) in _____
- Major in: _____
- Minor in: _____

3. Supervised Field Experiences (complete a and b, or c):

- a. Applicant completed a pre-student teaching practicum(s) in: _____ (Subjects/Grades)
- b. Applicant completed student teaching in _____ (Subjects/Grades)
 for _____ Weeks in an: Elementary School Middle School High School Other Setting
- c. Applicant completed a graduate practicum?
 Yes, *Position and Level:* _____ No

4. Testing — Did the applicant meet your state's passing scores on a:

- a. Basic skills test in reading (R), writing (W), and math (M)?
 Yes, Test Name(s) and Year: _____ No Test Not Required
- b. Standardized content test in all areas of licensure listed in question 1 above?
 Yes, *If ETS/Praxis II Content test(s), list Test Number, Score, and Year below.* No Test Not Required

Test Number	Score	Year

I, THE CERTIFYING OFFICER, CONFIRM that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer ➤	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr</i>
Institution Name	City/State	Telephone <i>Area/No.</i>
E-Mail Address	Fax <i>Area/No.</i>	

*Collection of Social Security number is used solely for validation purposes and will not be released without written permission.