

Wisconsin Department of Public Instruction INSTITUTIONAL ENDORSEMENT AND ASSURANCES PI-1612 (Rev. 12-05)

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

INSTRUCTIONS TO INSTITUTION: Complete Section II and submit to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION EDUCATOR LICENSING P.O. BOX 7841 MADISON, WI 53707-7841 Telephone: (608) 266-1028

I. APPLICANT INFORMATION Complete and Forward To Institution					
Legal Name First	Last	ast Social Secu		ırity No.*	
Address Street, Box, City, State, Zip Telephone				Area/No.	
Name and Location of Institution		C	Degree Earned	Date of Graduation Mo./Year	
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	y and/or Position		Grade/Development Level
Teacher					
Pupil Services					
Administrator					
 NO, <i>Explain:</i> 2. The license(s) recommended in question 1 (above) is based on completion of a: 					
Broad Field Major in: with concentration(s) in					
Minor in:					
 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:					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. 					
Yes, If ETS/Praxis II Co Test Number	ntent test(s), lis	Score	re, and Year below Year	<u>v. </u> No	Test Not Required
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 Type or	Name Type or Print Legibly		Date Signed Mo./Day/Yr
<u> </u>					
Institution Name		City/State			Telephone Area/No.
E-Mail Address					Fax Area/No.

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