

**VERIFICATION OF PROGRAM COMPLETION**

**For submission by anyone who has completed a college/university teacher preparation program.**

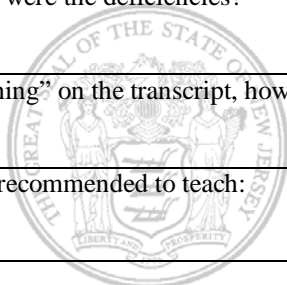
**A. Basic Information** Please print your name as it appears on any documentation that you are required to submit

Last Name	First Name	Middle Name or Initial
Street Address		
City	State	Zip
Social Security Number	Date of Birth: Month	Day Year
Phone Number	E-mail Address	

**B. To Be Completed by College/University**

The above named applicant has requested New Jersey teacher licensure. Please complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant completed his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify your information with your school seal. **PLEASE RETURN THIS FORM TO THE APPLICANT.**

a. Has this applicant completed your teacher education program? If yes, please list date of completion.	Yes No Circle whichever applies
b. Was the applicant eligible for certification in your state at the completion of his/her teacher preparation program? If no, what were the deficiencies?	Yes No Circle whichever applies
c. If student teaching is not identified as "student teaching" on the transcript, how is it described and how was it satisfied?	
d. Major area and/or grade level in which applicant is recommended to teach:	
e. Applicant's date of matriculation:	



**C. Certification**

Name of College/University
Address
City State Zip
Printed Name of Individual Completing this Form
Contact Telephone Number
Printed Name & Title of Authorizing Officer (Chairperson, Education Department/Certification Officer)
Signature of Authorizing Officer
Date
College / University Seal

**Applicant:** please return this form to:  
New Jersey State Department of Education  
Office of Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500  
Attention: Verification of Program Completion