

STATE OF



DELAWARE

Department of Education
Teacher and Administrator Quality Development
Collette Education Resource Center, 35 Commerce Way, Suite 2
Dover, DE 19904

(FORM T)
OUT-OF-STATE APPROVED PROGRAM VERIFICATION

To be completed by the applicant (Please Print or Type)

Name of Institution: _____

I attended your institution from _____ to _____ and received the _____ degree.

Name while attending your Institution: _____

Social Security No: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Current Address: _____
Street or P.O. Box City State Zip Code

Applicant's Signature _____

Print current name (if different from above) _____

To be completed by the Registrar or Certifying Official:

(PLEASE SUBMIT ORIGINAL COPY OF THIS FORM. FAXED COPIES WILL NOT BE ACCEPTED.)

- 1. Has applicant completed an approved teacher education program? Yes _____ No _____
2. If yes, please check applicable information: _____ NASDTEC Standards _____ NCATE
3. What area(s) of certification does completion of the program qualify the applicant to serve in your State? (list) _____
4. At what level or content area was the applicant's student teaching experience?
a) grade level(s) _____ b) content area(s) _____
5. Length of student teaching experience: _____ weeks. Dates: _____

I certify the information given above is based on official records and that I am the appropriate official for supplying and certifying this information.

Name of Certifying Official (print or type name) Title Date
Signature of Certifying Official Institution