

*Virginia Department of Education
Division of Teacher Education and Licensure
P.O. Box 2120 Richmond, VA 23218-2120*

COLLEGE VERIFICATION FORM

The primary purpose of this form is to determine whether an applicant for licensure has completed a state-approved preparation program at the graduate or undergraduate level. In these cases, the form must be completed by the appropriate certification/licensure official of the college/university where the program has been completed. The completed form must be submitted to this office by the applicant along with other items required for licensure or the Virginia school administrator with whom the applicant has accepted employment.

PART I

Social Security Number:		Date of Birth: (Month/Day/Year)	
Last Name	First Name	Middle Name	Suffix (Jr., Sr., III)
Address (Street, City, State, Zip Code)			
Name of Institution			
Degree and Date of Conferral			

PART II: Please circle the appropriate response:	
YES NO	The applicant satisfactorily completed a state-approved preparation program and completed endorsements (teaching areas, administration and supervision, or pupil personnel services) in the following:
ENDORSEMENTS: _____	
<u>PART III: Student Teaching, Internship, and/or Practicum Experience:</u>	
Course Title: _____	Course Number: _____
Semester Hours: _____	Clock Hours: _____
A. High School grade (s): _____ (Do not include special education experience – use line C) B. Elementary grade (s): _____ (Do not include special education experience – use line C) C. Specific special education area(s)* and grade level (s) _____	
*Please specify the exact nature of the exceptional child (children) included in the student teaching/practicum experience.	
<i>Special subject area(s) (i.e., Art, Music, P.E.):</i> _____ <i>Grade level (s):</i> _____	

Requisite to compliance with the licensure regulations established by the Virginia Board of Education are the following conditions: the applicant must be at least 18 years of age and must possess good moral character. I certify on the basis of my information and belief that the applicant possesses good moral character.

DATE: _____ SIGNATURE: _____
 NAME: _____
 TITLE: _____