

**WHITLOW R. GREEN COLLEGE OF EDUCATION
Department of Educational Leadership and Counseling**

Certifying Document for Finisher/Test Approval

PRINCIPAL # 068

Current Semester: ___ Fall ___ Spring ___ Summer **Year** _____

Candidate Name: _____ **Candidate PV ID:** _____

TEA ID: _____

Telephone Number: _____ **Email:** _____

Candidate Race/Ethnicity: African American White Hispanic Other

Candidate Gender: Female Male **Finisher** _____ **Exam ONLY** _____

Requirements

1. Principal Certification Deficiency Plan on file: YES _____ NO _____
 - a. Years of teaching experience (must be 2 or more): _____
 - b. Teacher certificate: Yes No
 - c. Master's Degree: Yes No

2. Successfully completed all course requirements:
 - a. Six required certification courses (ADMN 5003, 5023, Yes No
5033, 5043, 5073, 5083) – *No grade of "C" or below on your transcript will be accepted for certification*
 - b. Date completed 6-hr mandatory review: _____
 - c. Completed Electronic Practice test: Yes No
 - d. Representative Test Score (90% or greater): _____ Date Completed _____
 - e. Score of 290 or higher on CertifyTeacher: (attach documentation) Yes No
 - f. Successfully completed ADMN 5503 (Internship): Yes No

3. Criminal Background check on file Yes No

4. Teacher Service Record on file Yes No

5. Date of Admission to Program: _____

Signature of Advisor: _____ **Date:** _____

Coordinator: Dr. Arthur Petterway _____ **Date:** _____

Department Head Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Processed by: _____ **Date:** _____ **Date of Test Approval:** _____

Eligibility Approval code: Eligible (0) ___ Approved (1) ___ Approved Until Removed (2) ___ Denied

(3) ___ Non-completer ___ 1st Time Taker ___ Repeat in Window ___

Repeat out of Window Finisher All but Clinical Other Enrolled