

Whitlowe R. Green College of Education

Department of Educational Leadership and Counseling

Certifying Document for Finisher /Test Approval

SCHOOL COUNSELING #152

Current Semester: ___ Fall ___ Spring ___ Summer Year _____

Candidate Name: _____ Candidate PV ID: _____

TEA ID: _____

Telephone Number: _____ Email: _____

Student Race/Ethnicity: African American White Hispanic Other

Candidate Gender: Female Male Finisher _____ Exam ONLY _____

Requirements

1. Semester Master's degree completed or expected graduation date: _____

2. Teacher Service Record on file: Yes No

3. Certification Deficiency Plan on file Yes No

4. Completed required coursework

a. Completed CNSL 5143, 5153, 5093, 5123, 5023 and 5003: Yes No

No grade of "C" or below will be accepted in any required coursework for certification.

b. Representative Test score (90% or more/score of 72): Yes No
Test Date _____

c. Score of 290 on CertifyTeacher (attach score report)

5. Criminal Background check on file Yes No

6. Documentation/verification MUST be attached (# 2- 4): Yes No

7. Date of Admission to Program: _____

Signature of Advisor: _____ Date: _____

Coordinator: Dr. William Ross _____ 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 ___