



Application for Graduate Certification or Specialist Credential Endorsement

If you anticipate completing your graduate degree at the same time as your certification endorsement, please submit only a Degree Application for MA, MAT, MBA, MEd, MS, CAGS and EdD Degree Conferral form; you do not need to complete this form as well.

This application form is required to initiate an audit of your certification requirements and to process your certification endorsement. To avoid delays, please submit this form at least one term prior to your anticipated completion date.

Once all final requirements have been completed and verified, PSU will endorse you for certification and a statement of completion and accreditation will be reflected on your PSU transcript. The PSU Office of Educator Preparation will be notified at that time to initiate the licensure process through the NH DOE. This process is online and you will be notified through your PSU e-mail account once this process is complete

Please clearly print your name exactly (including capitalization) how it should appear on the certification paperwork:

Last Name _____ First Name _____ Middle _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Student ID _____

I anticipate completing my requirements by (month/year) _____

Please check specific concentration:

Educator Certification

Art Education, K-12

Education Technology Integrator, K-12

Elementary Education, K-8

English Education, 5-12

French Education, K-12

General Special Education, K-12

Health Education, K-12

Learning Disabilities, K-12

Library Media Specialist, K-12

Life Sciences, 7-12

Mathematics, 5-8

Mathematics, 7-12

Middle Level Science, 5-9

Physical Education, K-12

Reading and Writing Teacher, K-12

Social Studies Education, 5-12

Spanish Education, K-12

Teaching ESOL, K-12

Specialist Credential/Endorsement

Curriculum Administrator, K-12

Reading and Writing Specialist, K-12

School Counselor, K-12

School Principal, K-12

School Psychologist, K-12

Special Education Administrator, K-12

Superintendent, K-12

Student Signature _____

Date _____

Please return this form to the registrar's office in Speare via the methods noted below.

Processed by: _____

Date _____

6/2018