

STATE OF  DELAWARE

Department of Education
Teacher and Administrator Quality Development
Collette Education Resource Center, 35 Commerce Way, Suite 1
Dover, DE 19904

(FORM T) REQUEST FOR TRANSCRIPT

and

OUT-OF-STATE APPROVED PROGRAM VERIFICATION

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

To be completed by Applicant (Please Print or Type)

Name of Institution _____

Please send an **Official Transcript** of all my credits **to the address above**. The State of Delaware Department of Education is requesting transcripts to be forwarded to the Department “unopened”.

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:

1. Has applicant completed an approved teacher education program? Yes _____ No _____
(If the answer is No, omit further response, sign below, and return to the above address. If yes, **ALL** questions must be answered.)
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