



**INSTRUCTIONS TO INSTITUTION:**  
 Complete Section II and return to applicant.

Application directions for [Teachers Prepared Outside of Wisconsin](#).

**I. APPLICANT INFORMATION** Completed by Applicant

Legal Name First	Middle Int.	Last	SSN Last 4 Digits Only
Home Address <i>Street, Box, City, State, Zip</i>		Email Address	Telephone Area Code /No.
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
Teacher License(s) Requested			

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES** Completed by Educator Preparation Program and Returned to Applicant

1. Did the applicant complete your institution's state-approved program leading to a teacher license? Complete both Section 1a and 1b.  
 a.  YES, Identify below educator license(s) for which applicant qualifies in your state.

License Area	Subject	Grade/Development Level	Program Completion Date (MM/DD/YR)
Teacher			
Teacher			
Teacher			

NO,  
 Explain:

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b. **Type of**       Traditional IHE       IHE Based Alternative Route       Other Alternative Route

2. **The license(s)** recommended in question 1 (above) is based on completion of a:

Major in: \_\_\_\_\_  
 Minor in: \_\_\_\_\_      Conferred \_\_\_\_\_

3. **Supervised Field Experiences**

(complete a and b):

a. Applicant completed a pre-student teaching practicum(s) in: \_\_\_\_\_ Grades \_\_\_\_\_

b. Applicant completed student teaching in: \_\_\_\_\_ Grades \_\_\_\_\_

for \_\_\_\_\_ weeks in an:  Elementary School     Middle School     High School     Other Setting

4. **GPA Requirement** *Candidates who have a GPA in their license area of 3.0 or higher on a 4.0 scale may be excused from required content tests.*

Yes—The educator met the required GPA of 3.0 or higher in the licensure area(s).

No—The educator did not meet the required GPA of 3.0 or higher in the licensure area(s).

GPA
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5. **Testing**—Did the applicant meet your state’s passing scores for licensure on a:

a.edTPA?

Yes

**If yes,** List handbook number and name, score, and date below.

No

Test Not Required

Handbook Number and Name	Score	Test Date MM/DD/YR

b. Standardized test in all areas of licensure listed in question 1 above?

Yes

**If yes,** List test number and name, score, and test date below.

No

\_\_\_\_\_

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<input type="checkbox"/> Test Not Required	Test Number and Name	Score	Test Date MM/DD/YR
	Test Number and Name	Score	Test Date MM/DD/YR

**I, THE CERTIFYING OFFICER, CONFIRM** that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer ➤	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr.</i>
Institution Name	City/State	Telephone <i>Area/No.</i>
E-Mail Address		Fax <i>Area/No.</i>