College of Education Request for Institutional Recommendation

Please print legibly. **Complete both sides.**

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<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle/Maiden/Previous</th>
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<td>SS#</td>
<td>SID#</td>
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Address: ____________________________
(address after graduation)

City: ____________________________ State _______ ZIP _______

Phone Number: ____________________________

E-Mail: ____________________________

Date of Birth: ____________ □ Male □ Female

1. Predominant Ethnic Background: (required for Federal reporting purposes)
   □ Hispanic □ Black □ Asian or Pacific Islander □ American Indian/Alaskan Native □ Caucasian and all others

2. Student teaching completed in grade level(s): K 1 2 3 4 5 6 7 8 9 10 11 12
   (Circle all grade levels)
   School name ____________________________ District ____________________________

3. Please indicate the certificate for which you are applying:
   Secondary (7-12) Major ____________________________

4. Please check the *K-12 endorsement for which you are applying. *(Only these endorsements can be submitted by IR.)*
   ___ Art/Art Education (K-12) ___ Music/Music Education (K-12)

5. U.S. & Arizona Constitution Requirement (check method) SEI Requirement: (Check all courses taken)
   □ Took a Class □ LRC 416 □ LRC 516
   List Course: ____________________________
   □ LRC 417 □ LRC 517
   List Institution: ____________________________
   □ LCEV 408 □ LCEV 508
   □ Passed AEPA Test □ LCEV 416 □ LCEV 516
   Other: ____________________________

6. Degree: Date of Completion: ____________________________
   Circle one: Bachelor Masters Doctorate Post Baccalaureate
   From the: College of Fine Arts

7. Please list all universities/colleges where degree coursework was completed (use additional page if necessary):

<table>
<thead>
<tr>
<th>University/College</th>
<th>Location (City, State)</th>
<th>Major</th>
<th>Degree Awarded</th>
<th>Date Awarded</th>
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Rev 1/2015
Family Educational Rights and Privacy Act of 1974 (FERPA)

In certain instances in the processing of your academic and certification paperwork, we may need a signed statement authorizing us to access and release particular academic information to states or agencies requesting it for certification purposes. Your release of this information is optional, but requesting states likely will not approve your application for teacher/administrative/school psychologist/school counseling and guidance certification without the requested information.

I authorize The University of Arizona Registrar’s Office to release my transcripts to Letty Gutierrez, COE Student Service. I further authorize Letty Gutierrez, to release that information to third parties.

Signature___________________________________________________ Date__________________

Pick up ☐ Mail ☐

OFFICE USE ONLY

Comments:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Date enter in database: ___________________

Initials:____________________