

New York State Certificate Recommendation Authorization - Graduate Student Form

By completing and signing this form I am authorizing the School of Education at Syracuse University to submit a recommendation for teacher/personnel certification to the New York State Dept. of Education upon the completion of a Syracuse University program leading to recommendation for certification.

Last Name _____ First Name _____

Syr U NetID _____ Primary Non-Syr Email Address Used _____

Street Address _____

City, State, Zip Code _____

SU ID (if known) _____ Date of Birth _____ Phone _____

Major _____ Graduation Date _____

Requested Recommendation and Attestations:

_____ I am requesting Initial (first time) certification in _____

_____ I understand that a recommendation for Professional certification will also be entered, if my degree leads to both levels. I further understand that experiential/other requirements must also be satisfied before applying for Professional certification. I may direct questions to soecareer@syr.edu.

_____ My degree has posted to my transcript.

_____ I have applied and paid for my NYS teaching certificate through TEACH on-line services.

_____ Within 6 months, I plan to: __Seek a Teaching Job; __Undecided; __Other

EdTPA Safety-Net: (available *only* to candidates who student taught between March 2020 and August 2021)

_____ My student teaching term took place between March 2020 and August 2021.

_____ I have elected to complete the EdTPA.

_____ I am electing to complete the ATS-W exam in lieu of EdTPA. My exam date is/was: _____

_____ I did not student teach between March 2020 and August 2021. I am completing the EdTPA.

Authorization

I authorize the School of Education at Syracuse University to release my social security number, date of birth, award title, program name, certificate title/type and degree date to recommend me for certification to the New York State Department of Education (TEACH).

Signature _____ Date _____

PLEASE APPLY FOR YOUR CERTIFICATE AND VERIFY THAT YOUR DEGREE HAS POSTED BEFORE YOU RETURN THIS FORM. RETURN YOUR COMPLETED SIGNED FORM TO SOECAREER@SYR.EDU

For Office Use Only

Degree Awarded _____ Program _____ Graduation Date _____

Date of Recommendation _____ Recommended Certificates _____