**West Chester University - Approved Program of Study**

Post-baccalaureate Teacher Certification - *World Languages*

* Meet with your program faculty to complete and obtain necessary signature(s)
* Attach official transcripts for all completed course work – except WCU
* Attach a self-addressed (not stamped) envelope
* Submit completed form and transcripts to the Teacher Certification Office (302 Recitation Hall)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**LAST** Name, First Name)

Phone # (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check ():

ShapeYes ShapeNo the candidate has a valid PA Instructional Certificate (either level I or II)

The candidate will pursue certification in

* an undergraduate program leading to a degree (2nd degree)
* an undergraduate program - *certification only*
* a graduate program - *certification only*

# **List courses required OR see attached list**

**We must have this content from the department**

**IMPORTANT:**

You *must* attend a student teaching pre-registration meeting two (2) semesters prior to your student teaching experience. For details & dates, contact the Office of Clinical Experiences and Candidate Services in Wayne Hall.

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(Certification Student’s Signature) (Date)

Shape**Advisor’s check here indicates candidate is approved for Teacher Candidacy**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Dept. Of Languages & Cultures, Supervisor of Teacher Education’s Signature) (Date)

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(Dept. Of Languages & Cultures, Section Coordinator’s Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Dept. Of Languages & Cultures, Graduate Coordinator Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(WCU Certification Officer’s Signature) (Date)

Office use only: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

PDE Code PS Code Date Initials