

UNIVERSITY/COLLEGE LICENSURE RECOMMENDATION Application Document

This form must be completed and signed by an authorized officer at a Utah University/College to recommend a candidate, who has an existing Utah Professional Educator Teaching License, for an additional license area and/or endorsement.

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APPLICANT INFORMATION

Name: Last		First	Middle	Date of Birth
Mailing Address:		City	State	Zip
CACTUS I.D.:	Phone Number:		Email Address:	

LICENSE AREA(S)

ENDORSEMENT (if applicable)

Praxis Reports (s): If the Praxis score is not posted in CACTUS, please attach a copy of the report.

DEGREES (list any new degree)

University:	State:	Date Awarded:
Degree:	Major:	

This certifies that the applicant has completed the requirements in the approved program for this license area and/or endorsement and that all information submitted in accurate:

Signature of Institutional Officer	Printed Name of Officer/Title
Recommending Utah University/College	Date

This document with original signature and fee must be mailed in together.

Mail to: University Recommendations Utah State Bureau of Education Educator Licensing 250 East 500 South P O Box 144200 Salt Lake City, UT 84114-4200
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