

Arcadia University  
**CERTIFICATION COVER SHEET I & II**

Complete the following information.

Return to: Office of Graduate Studies, Taylor Hall, Room 200.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Type of Certification applying for:

Intern (must submit copy of Intern Application)

Instructional I

Instructional II

**Educational Specialist**

Elementary School Counselor

Secondary School Counselor

Certification Concentration: \_\_\_\_\_

2. Have you previously been certified by the State of Pennsylvania? Yes \_\_\_\_\_ No \_\_\_\_\_  
If **Yes**, provide a photocopy of certificate.

3. Undergraduate \_\_\_\_\_ Graduate: Certification only \_\_\_\_\_ Certification plus Master's Degree \_\_\_\_\_

4. Practicum/Student Teaching Information:

School Placement/Name of School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

5. Current Occupation: \_\_\_\_\_

6. Are you seeking employment as a teacher or in some other field?

Please specify: \_\_\_\_\_



Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Certification Officer's Signature \_\_\_\_\_ Date: \_\_\_\_\_