



SCHOOL OF EDUCATION

**Graduate TEACHER**  
**CERTIFICATION PROGRAM**  
**RECOMMENDATION FORM**

Dear Professor:

As a requirement for the Graduate Teacher Certification Program with the School of Education, Graduate and Post-bac students must obtain recommendation for Student Teaching from a core Pedagogy Professor prior to being cleared for Graduate Student Teaching Field Placement.

Additional requirements for Graduate Student Teaching Field Placement are:

- o Maintenance of a graduate 3.0 cumulative, grade point average or higher
- o Completion of EDUC 520 & EDUC 542 (EDEX 542) and all other core pedagogy courses with "B" or better
- o Completion of all UG content coursework prior to student teaching with a cum grade point average of a 3.0 GPA with no course grade lower than a B.
- o Please note: BS/MS Dual Degree or a provisionally admitted Graduate/Post-bac Students must submit passing scores of the PAPA: Pre-service Academic Performance Tests in the areas of Reading (8001), Mathematics (8002), and Writing (8003)

As an applicant for this program, I ask that you complete the attached form in evaluation of my credentials for the Teacher Certification Program and submit both pages to the Field Placement Office Korman room 208 or fax to 215-571-4270.

Sincerely,

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*(Student Name- typed)*



SCHOOL OF EDUCATION

**TEACHER CERTIFICATION PROGRAM**

RECOMMENDATION FORM

STUDENT NAME :

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*Please complete the sections below regarding this student's readiness for the Teacher Certification Program.*

**HISTORY**

HOW LONG HAVE YOU BEEN ACQUAINTED WITH THIS STUDENT?

FOR WHICH COURSES HAVE YOU SERVED AS THE INSTRUCTOR FOR THIS STUDENT?

**RECOMMENDATION FOR TEACHER CERTIFICATION PROGRAM**

*Please check appropriate box.*

I RECOMMEND WITHOUT RESERVATION.

I RECOMMEND WITH RESERVATION(S) .

I DO NOT RECOMMEND THIS STUDENT.

**COMMENTS**

*PLEASE ELABORATE ON THE APPLICANT'S ACADEMIC PERFORMANCE, LEADERSHIP QUALITIES, POTENTIAL AS A TEACHER, AND PERSONAL CHARACTERISTICS AS RELATED TO THE TEACHER CERTIFICATION PROGRAM.*

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Professor Name:

Signature:

Date: