



Office of Teaching Initiatives  
 89 Washington Avenue  
 Albany, NY 12234

## Graduate Coursework Verification

### Professional Certificate Requirement for 12 S.H. in the Content Area of the Initial Certificate

This form is to be used to verify coursework in the content area that is not clearly part of a graduate program in the academic or content area of your Initial classroom teaching certificate.

**INSTRUCTIONS TO APPLICANT:** After entering the identifying information in Part I, please have the department chair for the content area of the course complete the information in Part II. Attach this form to an official transcript when you have completed the course and send both to the Office of Teaching Initiatives at the address above. If the registrar has recently forwarded a transcript to the Office of Teaching Initiatives, please have the department chair send this form under separate cover directly to the Office of Teaching Initiatives.

Based upon your completed application, including information from the college, the Office of Teaching Initiatives will determine if the course will be accepted toward the 12 S.H. of graduate coursework in the content area of your Initial certification. If the department chair has checked box #1, certifying that the course will count toward a Master's degree and is a graduate course in the content area of your Initial certificate, the Office of Teaching Initiatives will accept this course toward the 12 S.H. requirement.

| Section I: To be completed by the student  |  |                            |           |
|--|--|----------------------------|-----------|
| First Name:  | Last Name:   | Middle Initial:            |           |
| Date of Birth: _____ / _____ / _____   | Last 4 Digits of the Social Security Number: _____ |                            |           |
| Certificate title(s) you are requesting this form be completed for:  |  |                            |           |
| Section II: To be completed by the College/University Department Chair   |  |                            |           |
| Name of College/University:  |  |                            |           |
| Street Address:  | City:  | State:                     | Zip Code: |
| Course Title   |  | Course Number              |           |
| <b>Select the statement that best describes the above named course:</b>  |  |                            |           |
| 1. <input type="checkbox"/> The appropriate graduate committee has determined that the course listed above is a graduate level course and is applicable toward meeting the credit requirement for a master's degree offered at the institution named above, were the student to matriculate in a degree program. Also, the department chair listed below has reviewed and approved this course as acceptable graduate content study for that discipline. |  |                            |           |
| 2. <input type="checkbox"/> The course is a professional development/continuing education course and does not provide credit toward a Master's Degree issued by this institution.  |  |                            |           |
| 3. <input type="checkbox"/> The course is not acceptable graduate content study in the Department listed below.  |  |                            |           |
| Department Chair's Signature   |  | Date                       |           |
| Print Department Chair's Name  |  | Department                 |           |
| Department Chair's E-mail  |  | Department Chair's Phone # |           |