Kutztown University
College of Education
Declaration of Intent to Complete
Teacher Certification Only

Spring 20______  Summer 20______  December 20_____

Name: ______________________________________________
(Please print or type)

Student ID Number: _________________________________

Address: ____________________________________________
____________________________________________

Phone Number:   Home: (_____)__________________________

E-mail Address: _______________________________________

I completed the below program requirements and would like to receive the certification/endorsement in:

☐ Art Education Certification               ☐ PK-12 Principal Certification
☐ Autism Endorsement                       ☐ PK-12 School Counselor Certification
☐ ESL (English as a Second Language)       ☐ Reading Specialist Certification
   Endorsement                              ☐ Special Education
☐ Instructional Coaching                   ☐ Supervisory Curriculum & Instruction Certification
☐ Instructional Technology Specialist     ☐ Visually Impaired
☐ Library Science Certification            ☐ School Social Work
☐ Music Education

__________________________________________
Student’s Signature                          Date

__________________________________________
Advisor’s Signature                           Date

__________________________________________
Chair’s Signature                             Date

__________________________________________
Certification Officer’s Signature            Date

Updated 5/3/2022