

Application for the Special Institute for Teacher Certification

Name _____

Address _____

Telephone (home) _____ (work) _____

Certification Interest:

Secondary (grades 7-12)
Academic Subject

Special Education
Elementary (1-8)
Secondary (7-12)

Degree/s Awarded:

Bachelor's Degree

Master's Degree

College/University

College/University

Date Degree Conferred

Date Degree Conferred

Major

Major

Cumulative Grade Point
Average _____

Cumulative Grade
Point Average _____

Please submit the following documents with this application:

- Official Transcript/s
- Praxis I Tests Scores or Proof of SAT Exemptions Scores
- Resume

For additional information, contact the
Delaware Center for Teacher Education
201 Willard Hall
Newark, DE 19716
(302) 831-3000

