

Office of Educator Certification
PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK!

Out-of-State University Sign Off Form

Part 1 – To be completed by the Applicant.
Send this form to the **education department** at the university in which you completed your education program.

| | | | |
|----------------------|----------------|--|---------------------------|
| Last 4 digits of SSN | - | | Date of Birth |
| Last Name | First Name, MI | | Maiden/Previous Last Name |
| Telephone Number | Email Address | | |

Part 2 & 3 – To be completed by the university authorized official/certification officer.

| | | | | | |
|--|--|-----------------------|-------------------------|------------------------------|-----------------------------|
| Satisfactorily completed an approved program leading to certification | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Program completed included a student teaching/internship/field experience | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Degree Program <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Education Specialist <input type="checkbox"/> Other: | | | | | |
| Degree Major | | # of Credits in Major | GPA of Credits in Major | Completion Date | |
| Degree Major | | # of Credits in Major | GPA of Credits in Major | Completion Date | |
| Preparation Type/Degree | <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> CTE <input type="checkbox"/> K-12 <input type="checkbox"/> Early Childhood SPED <input type="checkbox"/> K-12 SPED <input type="checkbox"/> K- 8 SPED <input type="checkbox"/> Categorical SPED <input type="checkbox"/> SPED Director <input type="checkbox"/> School Counselor <input type="checkbox"/> Curriculum Director <input type="checkbox"/> Other: _____ <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent | | | | |
| Content/Endorsement Areas | | | | | |
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Part 3 – Verification by the university authorized official.
Email completed form to certification@state.sd.us

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|---|--|------------------------------------|------|-------|--|
| Print Name of Authorized Official | | Print Title of Authorized Official | | | |
| Telephone (including area code) | | Email Address | | | |
| Name of Institution | | | City | State | |
| Regionally-accredited institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? | | | | | |
| Signature of Authorized Official | | | Date | | |

Email: certification@state.sd.us

Mailing Address: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501