

**Office of Educator Certification**

**Out-of-State University Sign-off Form**

Type all information or use blue or black ink.

Part 1 – To be completed by the Applicant.		
Send this form to the <b>education department</b> at the university in which you completed your education program.		
Last 4 digits of SSN	Telephone Number	Date of Birth
Last Name	First Name	Maiden/Previous Last Name
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
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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"/> Curriculum Director <input type="checkbox"/> SPED Director <input type="checkbox"/> School Counselor <input type="checkbox"/> K-12 Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Other:		
Content/Endorsement Areas			

Part 3 – Verification by the university authorized official.			
Email completed form to <a href="mailto:certification@state.sd.us">certification@state.sd.us</a>			
Print Name of Authorized Official:		Print Title of Authorized Official:	
Telephone Number (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 Individual:		Date:	