



**Date Received by SD DOE:**  
Form COVID-19 (03-2020)

**Office of Educator Certification**  
Type all information or use blue or black ink.

## COVID-19 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	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.**

Candidate <u>has not</u> completed the minimum student teaching requirement because of COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate <u>has not</u> completed the pedagogy test requirement because of COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 3 – Verification by the university authorized official.**  
Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

Print Name of Authorized Official	Print Title of Authorized Official		
Telephone (including area code)	Email Address		
Name of Institution	City	State	
Authorized Official Signature	Date		

Save the completed form as a PDF and Email to [certification@state.sd.us](mailto:certification@state.sd.us)  
**OR Mail to:** Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501