SCSU SOE
DSAP CERTIFICATION CHECKLIST

NAME _______________________________ STUDENT ID# _______________ SSN# __________________

DATE OF BIRTH _______________ DAYTIME CONTACT PHONE NUMBER ______________________________

What subject area certification are you applying for? _______________________________________________

Are you completing requirements for Initial Certification? ____ Or Cross Endorsement? ____ (Check one)

If for Cross Endorsement, what CT Certification do you hold? ________________________________________

Are you applying for an initial DSAP, ____ A First Renewal of a DSAP, ____ A Second Renewal of a DSAP ____ (Check one)

If you are applying for a renewal, have you completed nine hours of coursework since the issuance of last DSAP? __Yes __No

Did you complete your undergraduate degree at an institution other than SCSU? __Yes __No

NAME OF INSTITUTION ____________________________________________

What is your undergraduate academic major? _______________________________________________________

Have you been admitted into the SCSU SOE certification program for the DSAP you are seeking? __Yes __No

If yes, what date where you admitted? ___________________________

Who is your SCSU ACADEMIC ADVISER? ___________________________________________________________

If you are applying for an initial DSAP, have you attached a copy of your planned program? __Yes __No

How many semester hours of your planned program have you completed? _______

Are you enrolled at SCSU in for the current semester? __Yes __No

Have you achieved qualifying scores on all Required Certification exams? __Yes __No

Are your exam(s) scores posted in your Banner record? __Yes __No

EMPLOYING LOCAL EDUCATION AGENCY ____________________________________________

I hereby authorize Southern Connecticut State University to release the scores I obtained on the Praxis tests administered and scored by Educational Testing Services, the Foundations of Reading test administered and scored by Evaluation Systems,. The disclosure of this information to the CT-DOE is authorized solely for the purpose of utilizing said records in connection with my application for certification as a teacher in the state of Connecticut.

Signed ___________________________ Date _________________

For Office Use Only
Date received: ___________ Initial ___________ Date entered: ___________ Initial ___________

Processing Comments:

______________________________

C/OPP/ DSAP CERTIFICATION CHECK LIST FORM-GRAD9.10.15