

SECTION III: FILING OF FORMS AND STUDENT SIGNATURE

*****IMPORTANT NOTES TO STUDENT!!!*****

The University of Northern Iowa requests this information for the purpose of recommending applicants to the Iowa Department of Education for Teaching Endorsements. No persons outside the University are routinely provided this information. Release of any information is governed by Board of Regents rules and applicable state and federal statutes. Responses to items marked "optional" are optional; responses to all other items are required. If you fail to provide the required information, the University may withhold any recommendations.

For a new endorsement and/or different certificate, I have filed Form 282-2334 and attached my check payable to Board of Educational Examiners in the amount of \$50.00 for each endorsement.

The UNI Department of Special Education requires that all coursework and practica be completed with a grade of C or better (not C-) to be recommended for endorsement.

Date of Application

Applicant's Signature

SECTION IV: DEPARTMENT ACTION

1. I have verified this application and the courses listed. I recommend the following certification area(s):

- | | | | |
|------------------------------------|--------------------------|---|--|
| ___100 (Unified ECSE) | ___241 (Consultant MD) | ___248 (Consultant MCR) | ___261 (Instructional Strategist I 7-12) |
| ___233 (Supervisor- Instructional) | ___242 (Consultant BD) | ___252 (Educational Strategist K-6) | ___262 (ECSE) |
| ___234 (Work Experience) | ___243 (Consultant LD) | ___253 (Educational Strategist 7-12) | ___264 (Instructional Strategist II) |
| ___239 (Director) | ___247 (Consultant ECSE) | ___260 (Instructional Strategist I K-6) | ___305 (Multioccupations) |

Date

Advisor's Signature

2. Graduate Board Action:

Certification Endorsement _____

Certification Endorsement _____

Date

Chairperson, Graduate Board

3. Department Head Action

Date

Head, Department of Special Education