

**SCHOOL OF EDUCATION  
DEPARTMENT RECOMMENDATION FORM  
FAYETTEVILLE STATE UNIVERSITY**

Department \_\_\_\_\_

Date \_\_\_\_\_

Check only one space

Teacher Education Candidates

Number of Students \_\_\_\_\_

Student Teacher Candidates

Number of Students \_\_\_\_\_

The signatures below affirm that the credentials of the students whose names appear on this sheet have been carefully evaluated in accordance with University standards for admission to the Teacher Education/Student Teaching Program.

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair, Teacher Education Committee

\_\_\_\_\_  
Date

Name SSN	Major	Gender M/F	Race Ethnic Origin*	Gen Studies Yes/No	EDUC 211 or SPED 480 Date/Grade	GPA	PRAXIS Scores			Clearance Form Yes/No	OTE	Comments
							Read	Write	Math			

\*A- African-American; W-White; H-Hispanic; I-American Indian; O-Mix/Other