

**CERTIFICATE OF SERVICES RENDERED
OFFICE OF TEACHER EDUCATION
FAYETTEVILLE STATE UNIVERSITY
Fayetteville, North Carolina**

(Semester/year)

I certify that I have worked at least **50** days on behalf of Fayetteville State University **servicing as a cooperating/partnership teacher in the supervision of a student teacher/intern, submitted four (4) evaluations and a final grade for this student.**

_____ TEACHER'S SIGNATURE	_____ SOCIAL SECURITY NUMBER	
_____ GENDER	_____ SCHOOL PHONE NUMBER	_____ HOME PHONE NUMBER
_____ SCHOOL	_____ STUDENT TEACHER/INTERN	

FOR OTE USE ONLY

BUDGET ACCOUNT NUMBER _____

TOTAL _____

APPROVED BY _____

DATE SUBMITTED TO BUSINESS OFFICE _____

SEND CERTIFICATE TO

(To be completed by teacher)

NAME _____

ADDRESS _____

Return this form to: Office of Teacher Education, Fayetteville State University, Fayetteville, NC 28301
ATTENTION: Jenny E. Washington, Director of Teacher Education