

REQUEST FOR LICENSURE RECOMMENDATION FORM

Field Placement and Licensure, Graduate School of Education
Portland State University
P.O. Box 751
Portland, OR 97207-0751
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615 SW Harrison
Portland, OR 97201
ED 602 (6th Floor)
Fax: 503.725-8475
gse.licensure@pdx.edu

Check your transcript online before submitting this application. Are all your grades posted? Yes ___ No ___ If yes, please complete the form below and submit it by mail, fax, or scanned as a PDF via email to gse.licensure@pdx.edu. Your program will then be reviewed to determine completion; if complete, you will be recommended *electronically* (online) to TSPC via the C-2 form.

Name:				
	(Last)	(First)	(Middle)	(Previous)
Mailing Address:				
	(Street or P.O. Box)	(City)	(State)	(Zip)
Email:				
SSN:		PSU ID:		
Birth Date (MM/DD/YYYY):				
		Cell Phone:		
		Work Phone:		
		Home Phone:		

Teaching Licenses – I am applying for:

Initial I Continuing Substitute Added Subject Endorsement Added Authorization Level

Please check the subject area(s) for which you have completed a teacher education program:

(Key: EC=Early Childhood; EL=Elementary; ML=Middle Level; HS=High School)

- | | | |
|---|---|---|
| <input type="checkbox"/> Art <input type="checkbox"/> EC/EL <input type="checkbox"/> ML/HS | <input type="checkbox"/> Health Ed <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Reading <input type="checkbox"/> EC/EL <input type="checkbox"/> EL/ML <input type="checkbox"/> ML/HS |
| <input type="checkbox"/> Biology <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Integrated Science <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Russian <input type="checkbox"/> ML <input type="checkbox"/> HS |
| <input type="checkbox"/> Business <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Japanese <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Social Studies <input type="checkbox"/> ML <input type="checkbox"/> HS |
| <input type="checkbox"/> Chemistry <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Language Arts <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Spanish <input type="checkbox"/> ML <input type="checkbox"/> HS |
| <input type="checkbox"/> Drama <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Math (Advanced) <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Special Education <input type="checkbox"/> EC/EL <input type="checkbox"/> ML/HS |
| <input type="checkbox"/> Ed Media PP-12 | <input type="checkbox"/> Math (Basic) <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Speech <input type="checkbox"/> ML <input type="checkbox"/> HS |
| <input type="checkbox"/> ESOL <input type="checkbox"/> EC/EL <input type="checkbox"/> EC/ML <input type="checkbox"/> ML/HS | <input type="checkbox"/> Multiple Subjects <input type="checkbox"/> EC <input type="checkbox"/> EL | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> ESL/Bilingual <input type="checkbox"/> EC/EL <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Music <input type="checkbox"/> EC/EL <input type="checkbox"/> ML/HS | <input type="checkbox"/> Communication Disorders PP-12 |
| <input type="checkbox"/> French <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> PE <input type="checkbox"/> ML/HS | <input type="checkbox"/> Visually Impaired PP-12 |
| <input type="checkbox"/> German <input type="checkbox"/> ML <input type="checkbox"/> HS | <input type="checkbox"/> Physics <input type="checkbox"/> ML <input type="checkbox"/> HS | |

School Administration Licenses (PP-12) – I am applying for:

Initial Administrator License (IAL) Continuing Administrator License (CAL)

School Counselor & School Social Worker Licenses – I am applying for:

(Key: EC=Early Childhood; EL=Elementary; ML=Middle Level; HS=High School)

- Initial School Counselor License EC/EL ML/HS
 Restricted Transitional School Counselor License EC/EL ML/MS
 School Social Worker (PP-12)

FOR OFFICE USE ONLY:

COMPLETION DATE: