

2023—2024 TEACHER CERTIFICATION/LICENSURE FORM		
Name	Last First	Student ID
E-mail		_
To be e prograi	•	be registered for classes required for the specific certificate
		igibility and provide documentation from your faculty advisor to ed to continue processing your loan application.
Stude	nt's Education Certifying Statement	
	program required for elementary or secon Carolina where I plan to teach. I further un take for professional recognition or advance	of being enrolled at least 6 hours per semester in a dary teacher certification/licensure in North derstand that any optional courses that I elect to cement, and/or courses recommended by my rtification/licensure, do not qualify for financial
	Student's Signature	Date
Adviso	or's Statement	
l have ı	reviewed the above certification and confirm t	he educational objectives of this student.
	ed is a signed copy of the ned student.	Certificate/Licensure Graduation Plan for the above-
Т	otal number of hours required to complete pro	ogram of study:
	Advisor's Signature	Date
	Advisor's Name (Please Print)	