



## Application for Graduate Certification or Specialist Credential Endorsement

Please return this form to the registrar's office: [PSU-DegreeInfo@Plymouth.edu](mailto:PSU-DegreeInfo@Plymouth.edu)

If you anticipate completing your graduate degree at the same time as your certification endorsement, please submit only a Degree Application for MA, MAT, MBA, MEd, MS, CAGS and EdD Degree Conferral form; you do not need to complete this form as well.

This application form is required to initiate an audit of your certification requirements and to process your certification endorsement. To avoid delays, please submit this form at least one term prior to your anticipated completion date.

Once all final requirements have been completed and verified, PSU will endorse you for certification and a statement of completion and accreditation will be reflected on your PSU transcript. The Holmes Center for School Partnerships and Educator Preparation will be notified at that time to initiate the licensure process through the NH DOE. This process is online and you will be notified through your PSU e-mail account once this process is complete.

**Please clearly print your name exactly (including capitalization) how it should appear on the certification paperwork:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Student ID \_\_\_\_\_

I anticipate completing my requirements by (month/year) \_\_\_\_\_

Please check specific concentration:	
<b>Educator Certification</b>	<b>Specialist Credential/Endorsement</b>
<input type="checkbox"/> Art Education, K-12	<input type="checkbox"/> School Counselor, K-12
<input type="checkbox"/> Digital Learning Specialist, K-12	
<input type="checkbox"/> English Education, 5-12	
<input type="checkbox"/> General Special Education, K-12	
<input type="checkbox"/> Health Education, K-12	
<input type="checkbox"/> Library Media Specialist, K-12	
<input type="checkbox"/> Teaching ESOL, K-12	

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Processed by: _____	Date _____	1a/2024
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