

Springfield College
 Office of Educator Preparation & Licensure
 263 Alden Street, Springfield, MA 01109
 (413) 748-3155 - Ldelano@spfldcol.edu

INSTITUTIONAL VERIFICATION OF GOOD STANDING

SECTION A

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	M.I.	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO.
5. TELEPHONE:				
Home		Cell/Other		

SECTION B

TO BE COMPLETED BY COLLEGE/UNIVERSITY	
<p>The applicant has requested to complete an educator preparation program at Springfield College. Please complete information in this section regarding the applicant. To be valid, this form must be signed by the dean of the college or school of education or the department chair where the applicant completed his/her coursework. RETURN THIS FORM TO THE SPRINGFIELD COLLEGE OFFICE OF EDUCATOR PREPARATION & LICENSURE.</p>	
<p>A. The applicant is known and regarded as a person of good moral character and possesses those personal qualities and professional knowledge and skill necessary to enter an educator preparation program</p>	<p>Yes _____ No _____</p>
<p>If the answer is no, please explain: _____</p> <p>_____</p>	
<p>B. Do you know of any reason why this person should not be allowed to enter an educator preparation program?</p>	<p>Yes _____ No _____</p>
<p>If the answer is yes, please explain: _____</p> <p>_____</p> <p>_____</p>	

Name of College/University _____

Address _____

Telephone _____ email address _____

Name (printed) and title _____

Signature of dean or department chair _____ Date _____