VERIFICATION OF LICENSURE PROGRAM COMPLETION
OR WITHDRAWAL

This form is to be completed by TTT or SGR candidates who have successfully completed or withdrawn from their respective programs. Once completed and signed by the Program Convener/Faculty Advisor, please submit this form to:

- Janet Alsup, Coordinator for the Secondary TTT Program
- College of Education Office of Graduate Studies for the SGR Program

Copies will be forwarded to the offices listed below.

Name _____________________________________________________________

Last    First    Middle
Purdue University I.D. # ______________________________________________
Program Area(s) _______________________________________________________
Program Convener/Faculty Advisor ______________________________________
Enrollment Dates _____________________________________________________
EDCI 69500 (Secondary) Internship:

Fall 20 ___  Spring 20 ___

Subject(s) ___________________________________________________________
Grade Levels _________________________________________________________
Location _____________________________________________________________
Number of Weeks ____________  Credit Hours _____________

_____ Student completed TTT program ____________________

Date

_____ Student completed STEM Goes Rural program ____________________

Date

_____ Program convener requested student withdraw from TTT or SGR program ______________

Date

_____ Student decided to withdraw from program ______________________

Date

Program Convener/Faculty Advisor Signature_____________________________________

cc: Office of Field Experiences
Office of Graduate Studies
Office of Professional Preparation and Licensure