UNIVERSITY/COLLEGE LICENSURE RECOMMENDATION Application Document

This form must be completed and signed by an authorized officer at a Utah University/College to recommend a candidate, who has an existing Utah Professional Educator Teaching License, for an additional license area and/or endorsement.

Check/money order payable to U.S.O.E.		License Area: \$55 (fee includes copy of license) Endorsement: \$20 (fee does not include copy of license)			
ADDITICANTE INTERPR	AATION				
APPLICANT INFORMATION Name: Last		First	Middle	Date of Birth	
Mailing Address:		City	State	Zip	
CACTUS I.D.:	CTUS I.D.: Phone Number:		Email Address:		
LICENSE AREA(S)	,	E	NDORSEMENT (if	applicable)	
Praxis Reports (s): If the DEGREES (list any ne University:		s not posted in	Date Awarded:	ttach a copy of the report.	
Degree:		Major:			
This certifies that the a this license area and/or				approved program for ed in accurate:	
Signature of Institutional Officer			Printed Name of Officer/Title		
Recommending Utah University/College			Date		

This document with original signature and fee must be mailed in together.

Mail to:

University Recommendations Utah State Office of Education Educator Licensing 250 East 500 South P O Box 144200 Salt Lake City, UT 84114-4200