

FRAMINGHAM STATE UNIVERSITY

Endorsement Request Form

Please complete this form and return it to the licensure officer at your licensure seminar or to the address below.

If you are currently licensed, please *include a copy of your educator license(s) with this form.*

Last Name	First Name	Middle Name	MEPID
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**Other last name(s) your records may be listed under _____

List the licenses you currently hold and *include a copy of your current licenses with this form.*

Field	Level	Preliminary	Type Initial	Professional
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licenses for which you are requesting endorsement:

Field	Level	Preliminary	Type Initial	Professional
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- UG
- PBTL
- M.Ed. _____

FSU ID

Telephone (cell preferred)

Home Address: Street

Town/City

State

Zip code

Email address

date of birth

Do you have any courses left to be completed for your program? Yes _____ No ____ If Yes, please list them.

Course name	Course number	Semester
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anticipated or actual date of licensure program completion: May August December January Year: _____

I am requesting licensure endorsement and authorize the FSU licensure office to use information on this form to complete the endorsement process:

Candidate's Signature

Date

Please return this request form in person or by postal mail to:

Framingham State University
Office of Graduate Studies
Dwight Hall 204
100 State Street
Framingham, MA 01701

Licensure Office Use Only:

PCD _____

ED _____ Initials _____