



ST. JOHN'S UNIVERSITY SCHOOL OF EDUCATION-QUEENS

Institutional Release Authorization Form (IRAF) for NYS Certification Endorsement for Approved Preparation Program Pathway

Complete and return this form to the School of Education – Sullivan Hall 5th floor, Room 525.

If **applying for multiple certifications**, you must complete a recommendation form for **EACH** "Certificate Endorsement" –
Please use BLUE or BLACK ink ONLY (NO PENCIL) and provide all information clearly.

General Information

Name: Last	First	Middle initial	SJU X# X _____
Other Last Name(s) previously used:			SS#: _____ <i>(Required by NYSED for certification purposes)</i>
Mailing Address: <small>Street</small>		<small>City</small>	International Student TEACH ID:
		<small>State</small>	<small>Zip</small>
SJU Email Address:		Telephone (home) (____) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Email Address:		(mobile) (____) _____	Date of Birth: __/__/____

Graduation and Degree Conferral Information

NOTE: Candidates already having a conferred degree may submit the completed recommendation form at any time.		
<small>Degrees are conferred three times each year. When you complete all coursework and requirements in your program in the FALL semester, your degree will be conferred on the last day of January of the following year. When you complete your coursework and requirements in the SPRING semester, your degree is conferred in mid-May usually on the Monday following university commencement. If you complete your coursework and requirements in SUMMER session, your degree will be conferred as of the last day of September.</small>		
<input type="checkbox"/> My degree will be/was conferred in May _____. [Fill in year]	<input type="checkbox"/> My degree will be/was conferred in September _____. [Fill in year]	<input type="checkbox"/> My degree will be/was conferred in January _____. [Fill in year]
Degree Type: <input type="checkbox"/> BACHELORS <input type="checkbox"/> BACHELORS & MASTERS (combined) <input type="checkbox"/> MASTERS* <input type="checkbox"/> Extension <input type="checkbox"/> AdvCert**		
*For MSED graduates seeking initial certification: Have you provided copies of any and all transcripts required by the School of Education to satisfy NYSED liberal arts and sciences or content area course <u>deficiencies</u> before seeking university endorsement for certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*For MSED or **Adv Cert in TESOL: Have you provided copies of any and all transcripts required by the School of Education to verify completion of 12 foreign language credits before seeking university endorsement for certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		
All Applicants: Completion of 6 hour DASA WORKSHOP verified YES <input type="checkbox"/> NO <input type="checkbox"/>		

Certification Information

(Consult list of Approved Teacher Preparation Program Codes (Queens) available on [SJU Certification Information website](#) or Dean's Office)

Certification Type Sought: <input type="checkbox"/> Initial <input type="checkbox"/> Professional <input type="checkbox"/> Initial/Professional <input type="checkbox"/> Transitional-B (For Alternative Programs Only)		
<input type="checkbox"/> Provisional <input type="checkbox"/> Permanent (School Psychologist & School Counseling ONLY)		
Certification Title/Area Sought		Program Code Number:
Fill out the section below ONLY if you have been previously certified in New York State and/or in any other state:		
Previous Certification Title:	STATE	Previous Certification Type: <input type="checkbox"/> Initial <input type="checkbox"/> Professional <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Trans-B <input type="checkbox"/> Other: _____

Signature Required

I declare and affirm that the statements made in this data form, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my data form may be cause for denial or loss of certification and may result in criminal prosecution.

Candidate Signature:	Date Submitted:
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For SOE Office Use ONLY

Date of Receipt	Information Verified		SOE Endorsement		Comments
	Date	Initials	Date	Initials	