

**Center for Teacher Preparation & Partnerships**

**Request for:**

**Letter of Completion Form**

-**OR**-

**Verification of Program Completion**

**P-3 Alternate Route**

Name: S.S.#/ID:

Address:

City: State: Zip:

Email Address:

When did you complete your course requirements?

Would you like the letter mailed to your home? If no, where do we mail it?

Attention:

Address:

City: State: Zip:

Student Signature Date of Request

**Please attach with this form:**

* A copy of your P-3 Certificate of Eligibility, Provisional Certificate, or Teaching Certificate(s)
* If you took ECE 623 and 651 at another institution, please attach an official copy of your transcript from that institution.
* A copy of your undergraduate transcript if you attended a college or university other than NJCU.
* If you are filling out a VOC form, and did student teaching or did ECE 623, and 651 at another institution, please submit an official copy of your transcript from that institution *(Please attach the VOC form along with all other requested documents to this request form)*

***RETURN FORM WITH MENTIONED ITEMS TO THE PROFESSIONAL STUDIES BUILDING 203A OR FAX TO (201) 200-2334 TO THE ATTENTION OF***

***MS. CYNTHIA VAZQUEZ, ASST DIRECTOR.***

Official Use Only

Transcripts Request on

Department Chair Approval (Date)