

College of Education  
Department of Curriculum & Instruction  
Teacher Fellows Program

LETTER OF INTENT FOR TEACHER CERTIFICATION

Date: \_\_\_\_\_

Dear Dr. Davis,

I, \_\_\_\_\_, certify the following (select one):

\_\_\_\_ I applied for my teacher certification on: \_\_\_\_\_

\_\_\_\_ I will apply for my teacher certification on: \_\_\_\_\_

If selected into the program, I understand that I must obtain my teaching certification by August 1. Failure to do so may jeopardize my placement with participating school districts.

I will provide a copy of my certification to you as soon as I receive it.

\_\_\_\_\_  
Signature