

WCSU Interim M.A.T. Application for Transcript Evaluation

Name: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Social Security Number (last four digits): ____ Undergraduate degree: _____

Academic major: _____ Other names (e.g., maiden name) _____

Please indicate the area(s) for which you are seeking teacher certification:

____ Secondary Education, Grades 7-12 (\$75* for each request) please circle all areas in interest: **Biology, Mathematics, and/or Spanish.**

* **WCSU graduates** must contact the Registrar's Office and request that transcripts be forwarded to Dr. Maryann Rossi, Assistant Dean, School of Professional Studies, White Hall 003C. Please list all institutions of **higher education** that you have attended (all **official transcripts** must be sent).

Name of Institution	Date(s) Attended	Address	Degree(s) Conferred and Date(s)

Note: This form, along with a personal check or money order for the applicable transcript review fees, should be sent to Dr. Maryann Rossi, Assistant Dean, School of Professional Studies, WCSU, White Hall 003C, 181 White Street, Danbury, CT 06810. **Make checks payable to WCSU.** All transcripts forwarded for review **MUST BE OFFICIAL** (i.e., they should arrived in a sealed envelope from your college or university). Thank you.

9/22/08