

**University at Albany
State University of New York**

SCHOOL GUIDANCE COUNSELOR CERTIFICATION CHECKLIST

Requests received without the required fee are not processed. We are not able to accept cash payments.

Name of Applicant: _____ **Date of Birth:** _____

UAlbany ID Number: _____

Email Address: _____ **Expected Graduation Date:** _____

YOU WILL NOT RECEIVE OFFICIAL NOTIFICATION OF UNIVERSITY RECOMMENDATION, BUT YOU CAN CHECK YOUR STATUS VIA YOUR TEACH ONLINE ACCOUNT.

RECOMMENDATION WILL ONLY BE MADE AFTER YOUR DEGREE HAS BEEN AWARDED AND ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED BY THE OFFICE OF GRADUATE STUDIES.

Please provide the following:

- ___ **Check or money order for \$50 payable to "The University at Albany"**
- ___ **Child Abuse workshop verification ***
- ___ **School Violence workshop verification ***
- ___ **Transcript release form**
- ___ **Certification Applicant Information sheet**

*** If you did not take the workshops as part of your coursework at the University at Albany, official documentation is required for recommendation.**

