

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

**SPECIAL EDUCATION AND LITERACY (2 YEAR) TEACHER
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**

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