

TIMS Credential Application

Complete this form and submit it to your Advisor/Program Coordinator for their review. Be sure to sign and date the form.

Last Name	First Name	e M	Form	er Last Name	S	Student ID	
Address		City	I	State		Zip	
Home Campus	Preferred Email	•		Phone			
PPID	Date TIMS Credential Appli	ication Complete	ed Online				
Program 1 Grad/Prog Completion Date 1							
Program 2			Grad/Prog Completion Date 2				
Program Certification Option:	Degree/Certification Awa	Degree/Certification Awarded:		Location of Student Teaching or Practicum:			
Instructional I Certification	Undergraduate Degr		Placement 1:				
Educational Specialist I	Graduate Degree & G	Di	District:				
Supervisory I	Graduate Certificatio	Sc	School:				
Administrative I	Endorsement	Gi	Grade Level:				
Letter of Eligibility I				ement 2:			
Endorsement							
Program Specialist							
			Gi	rade Level:			
**** Test Requirements ****							
Please note that TIMS applications will not be processed until all required Praxis II/PECT exams are complete.							
If you are using GPA for Praxis II/PECT exam(s), please check here and indicate which exam(s)/module(s). Exam(s)/Module(s):							
**** Required Documents ****							
Attach copy of Transcript – Highlight conferred degree and/or endorsement courses.							

Student Signature:

Date: _____

**** FOR OFFICE USE ONLY ****							
REQUIREMENTS NEEDED FOR DEPARTMENT APPROVAL FOR PA CERTIFICATION		NO	N/A				
Student has supplied evidence of a grade of C or better in all required major courses.							
Student has achieved at least a "Satisfactory" rating on the final evaluation used by their program.							
To the best of my knowledge and belief, the candidate is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill that warrant issuance of the requested certificate.							

Final GPA

This is to verify that the student listed above has completed an approved program and is eligible to apply for certification.

Advisor/Program Coordinator Signature:

Advisor/Program Coordinator: Please send TIMS Credential Application and required documentation to TIMScredential@pennwest.edu

Additional Comments:

Date: