## UNIVERSITY/COLLEGE LICENSURE RECOMMENDATION Application Document

This form must be completed and signed by an authorized officer at a Utah University/College to recommend a candidate, who has an existing Utah Professional Educator Teaching License, for an additional license area and/or endorsement.

Check/money order payable to U.S.O.E.		License Area: \$85 (fee includes copy of license) Endorsement: \$35 (fee does not include copy of license)				
ADDI ICANT INEODMA	TION					
APPLICANT INFORMATION  Name: Last		First		Middle	Date of Birth	
Mailing Address:		City		State	Zip	
Social Security # or CACTUS I.D.:	ocial Security # or CACTUS I.D.: Phone Number:		Email Address:			
LICENSE AREA(S)		ENDORSEMENT (if applicable)				
Praxis Reports (s): If the		s not posted	l in CACT	US, please a	ttach a copy of the report.	
DEGREES (list any new degree)  University:		State:	State:		Date Awarded:	
Degree:		Major:	Major:			
This certifies that the app this license area and/or e						
Signature of Institutional Officer			Printed Name of Officer/Title			
Recommending Utah University/College			Date			

This document with original signature and fee must be mailed in together.

## Mail to:

University Recommendations Utah State Office of Education Educator Licensing 250 East 500 South P O Box 144200 Salt Lake City, UT 84114-4200