RECOMMENDATION FORM (41-REC)

This form is to be completed by a college or university with a Commission-approved Teacher or Services Preparation Program *(other than Multiple Subject, Single Subject, or Education Specialist).* Submit it to the CTC with the 41-4 application form, appropriate fees, and supporting documentation as needed.

Recommending Institution _____

Name of Applicant _____ SSN: _____
First *Middle* *Last*

Type of Credential/Certificate _____

Term of Credential ☐ Clear ☐ Certificate of Eligibility
☐ Preliminary ☐ Intern

Completion Date of Program _____

Intern: Beginning Date of Service _____

Employing District _____ CDS Code: _____

Employing District _____ CDS Code: _____

As the authorized representative of the recommending authority, I have reviewed the applicant's credential application, preparation, and/or experience and certify that the applicant:

☐ has completed the requirements checked below for the credential/certificate named above:

- ☐ Baccalaureate or higher degree
- ☐ CBEST
- ☐ Professional Preparation Program

Authorized Signature _____ Date _____

Name and Title _____

Contact Phone Number _____ Email Address _____