

2025-26 Teacher Credential Course Certification

Student Name:		Luther ID:	
Part A: Student			
forward the form to the	, , ,	issued, complete the information below e Education Department. The Education m to the Financial Aid Office.	
Requirements for my signe	ed diploma were/will be complete	d as of (date):	·
For Academic Year 2025-2	26:		
	ollowing courses* with the intentio in the following subject a	n of working on teaching certification or rea and/or endorsements):	recertification for
I plan to become certified	in the following state(s):		
	en, but not required by any of the considered in determining fe	states listed for your areas or endorseme deral financial aid eligibility.	ents, cannot be
Fall Semester 2025	Course Name	Number of Credits	
Course Number	Course Name	Number of Credits	_
			_
January Term 2026			
Course Number	Course Name	Number of Credits	
Spring Semester 2026			
Course Number	Course Name	Number of Credits	\neg
Lagree to notify the Finance	cial Aid Office if there is a change i	n either my course plans or B.A. completion	on date
Tagree to notify the illiant	dai Aid Office ii tilere is a ciidlige ii	retaries my course plans or b.A. completion	on date.
Student Signature	Date		

PLEASE TAKE TO THE EDUCATION DEPARTMENT TO COMPLETE PAGE 2

Part B: Education Department

Instuctions to Teacher Certification Officer

Please complete the statement below and return to the Finance required to verify aid eligibility.)	cial Aid Office as soon as possible. (This certification is
I have reviewed the student's course plans on the reverse side of	f this form.
I certify that the courses listed by the above student are required Documentation of the coursework required by the state is availa	•
Course names/numbers listed that are NOT required for teac subject/grade levels listed should be noted on the front by the Eccannot be considered for federal aid program eligibility.)	•
Teacher Certification Officer Signature	Date

SC25TEAC