



Return to:
Certification Office
Swenson Hall 2024
Belknap and Catlin
P.O. Box 2000
Superior, WI 54880
Phone: (715) 394-8316
Email: mbuncher@uwsuper.edu

Certification Information

Name _____ Student ID _____

Previous Names _____

Mailing address after graduation _____

Personal email address _____

Home phone _____ Cell phone _____

Major(s) _____ Completion Date _____

Minor(s) _____ Concentration/Emphasis _____

WI licenses requested (please list the subject/position and developmental level: EC-MC/birth-6, MC- EA/1-8, EA-A/6-12, EC-A/birth-12+)

Current/Prior licenses held _____

If you have a previous degree please provide the name of institution, degree and date:

Indicate if you are a degree seeking student or non-degree seeking certification only: _____

Student Teaching/Internship/Practicum (please list those that pertain to this new certification request):

*Special Education students: Please also list the disability area (ID, EBD, etc.) of students and severity (mild-moderate-severe)

School Name _____ Dates _____

Grade levels & subjects _____

Cooperating teachers _____

School Name _____ Dates _____

Grade levels & subjects _____

Cooperating teachers _____

Please provide any additional information regarding outstanding requirements or other important information: _____

