

- PAGE 4:**
- A. **PROFESSIONAL MEMBERSHIPS:**
List memberships in any organizations that in any way relate to your profession or college program.
 - B. **PROFESSIONAL WRITINGS:**
List any significant writings either published or unpublished that relate to your profession. Also list presentations made at professional conferences, seminars, etc.
 - C. **CO-CURRICULAR ACTIVITIES:**
Include all interests and activities, professional and non-professional that enhance your image as a well-rounded intelligent candidate.
 - D. **FOREIGN LANGUAGES:**
List the language and indicate whether you are fully fluent (read, write and speak the language), functionally fluent (read and speak), minimally fluent (limited speaking ability only).

PAGE 5: **CANDIDATE'S PERSONAL REMARKS:**
This page should be a portrait of your professional ability, style and accomplishments relative to your training and work in your field. In concise language you should present your outstanding achievements, conveying what you think and feel about the profession.

PAGE 6: **UNDERGRADUATE RECORD:**
The purpose of this page is to make it immediately clear to prospective employers how much training you have had in your areas of concentration. **WE DO NOT INCLUDE TRANSCRIPTS IN THE FILE** because in large screening situations few personnel directors have time to screen transcripts to determine the nature and number of courses taken in various areas. For this reason, we request that you group all courses according to majors, minors, and other areas of concentration. You should organize the page as follows:

- MAJORS:** List a minimum of 30 semester hours for a single subject major such as History, English, Biology, etc. List a minimum of 36 semester hours for a group major such as Social Studies, General Science, etc. **DO NOT USE COURSE NUMBERS;** give course title, institution, and year course was taken (See sample page 6).
- MINORS:** Skip a line and list all courses in your academic minor. List a minimum of 20 semester hours for a single subject minor and 24 semester hours for a group minor. List courses in the manner described for the major.
- PROFESSIONAL:** List all education courses not included in the major or minor. For example, if you have a major in Special Education, any Special Education courses taken in the College of Education would be included under your major, however, other education courses such as Educational Philosophy, Elementary Methods, Reading in the Secondary Schools, etc. would be included under Professional courses.
- GENERAL:** List all non-education courses not included in Major, Minor or Professional categories.

PAGE 6A: **GRADUATE RECORD:**
Group and list all courses on your graduate transcript in the manner described for Page 6, **UNDERGRADUATE RECORD**, listing names of professors where possible. You may group your courses by Major, Professional courses, Minor courses, or any other appropriate grouping. The idea is to highlight areas of concentration. If you feel that your undergraduate course work is too far removed from your present professional objectives, you may omit Page 6, **UNDERGRADUATE RECORD**, and complete only Page 6A.

IMPORTANT:

While setting up your file, it is your responsibility to stay in touch with this office to make sure that necessary materials are received. It is also your responsibility to keep your file current. To assist you effectively, we must be kept informed of your current address. Always notify us when you have found employment.

GENERAL INFORMATION:

1. Transcripts are **NOT** included in the credential file. Requests have to be made in writing to: Transcripts Office, 5057 Woodward, Wayne State University, Detroit, MI 48202.

Call (313) 577-3531 for information regarding transcript requests.

2. All Credential requests must be made in writing or in person and accompanied by payment (\$3.00 for each address). Checks should be made payable to: WSU - College of Education. **ALL NEWLY CERTIFICATED CANDIDATES (INITIAL PROVISIONAL CERTIFICATE) RECEIVE TWENTY (20) FREE CREDENTIALS DURING THE FIRST SIX (6) MONTHS AFTER GRADUATION.**

Mailing address: Education Placement Office, 489 College of Education, Wayne State University, Detroit, MI 48202

Be sure to include: Your full name, complete address, phone number and enter your social security number or student ID number.

IMPORTANT NOTICES

Due to the confidentiality of records, please do not send this credential packet via e-mail. We must receive your credential packet with original signatures. It is also imperative to update your credential file every five years. Failure to follow these instructions will allow your credential file to be purged and the Placement Office will not be responsible for any information that was received.

All Credential requests must be made in writing or in person and accompanied by payment (\$3.00 for each address)

Checks should be made payable to: W.S.U. – College of Education

Mailing Address: Education Placement Office
489 College of Education
Wayne State University
Detroit, MI 48202

Be Sure to Include: Your full name, complete address and phone number and your social security number or student ID number.

DEGREES EARNED:

	Major	College or University	Dates
Bachelors			
Masters			
Specialist			
Doctorate			
Advanced Study			
Other Colleges or Universities attended			

MASTERS ESSAY OR THESIS TITLE:

DOCTORAL DISSERTATION TITLE:

TEACHING CERTIFICATES AND/OR ENDORSEMENTS

	Teaching Major/Minor	Institution	Date Granted
Provisional			
Continuing/Permanent			
Other			

OTHER PROFESSIONAL CERTIFICATION:

Type	Institution	Date Granted
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COLLEGE DISTINCTIONS: (Scholarships, Fellowship, Honors)

WAYNE STATE UNIVERSITY
Education Placement Office
489 Education Building
Detroit, Michigan 48202
(313) 577-1635

CREDENTIALS FOR: (PLEASE TYPE) _____ **Page 3**
NAME First Middle Last

STUDENT TEACHING, PRACTICUM, OR FIELD EXPERIENCE (Include all student teaching and pre-student teaching contacts, most recent first.)

School or Agency/Location	Subject/Grade Level	University	Dates

TEACHING AND/OR EXPERIENCE IN YOUR FIELD (Most recent first)

School or Agency/Location	Duties or Position	Dates

NAME First Middle Last

ADMINISTRATIVE EXPERIENCE (Most recent first)

Assignment	Institution, School System	Dates

TEACHING AND/OR EXPERIENCE IN YOUR FIELD (Most recent first)

School or Agency/Location	Duties or Position	Dates

ADDITIONAL WORK EXPERIENCE (Most recent first)

Employing Institution/Location	Duties or Position	Dates

WAYNE STATE UNIVERSITY
Education Placement Office
489 Education Building
Detroit, Michigan 48202
(313) 577-1635

CREDENTIALS FOR: (PLEASE TYPE)

NAME First Middle Last

PROFESSIONAL MEMBERSHIPS:

PROFESSIONAL WRITINGS:

CO-CURRICULAR ACTIVITIES (Civic, Social, Athletics, Music, Hobbies, and Interests)

FOREIGN LANGUAGES: Fully Functionally Minimally
Fluent Fluent Fluent

CANDIDATE'S PERSONAL REMARKS

The preceding pages present facts about your academic and professional qualifications. This page introduces you and gives an opportunity for you to expand upon pertinent training and experiences highlighting major accomplishments in your professional and academic careers.

PLEASE TYPE (Single space)

UNDERGRADUATE RECORD (List all courses you have taken as an undergraduate by category:

1. Major. 2. Minors. 3. Professional. 4. General. Use additional pages if necessary.)

Course Title

Institution

Date

WAYNE STATE UNIVERSITY

Education Placement Office
489 Education Building
Detroit, Michigan 48202
(313) 577-1635

CREDENTIALS FOR: (PLEASE TYPE)

NAME First Middle Last

GRADUATE RECORD (List all courses you have taken as a graduate by category:

1. Major. 2. Minors. 3. Professional. 4. General. Use additional pages if necessary.)

Course Title

Institution

Date

WAYNE STATE UNIVERSITY

Education Placement Office
489 Education Building
Detroit, Michigan 48202
(313) 577-1635

RECOMMENDATION FOR: (Please type)

NAME: First Middle Last

Prospective employers are interested in a candidate's success as evidenced in classroom or other educational situations (skill in making assignments, ability to stimulate thought, adaptation to individual needs of others, use of supplementary materials, attention to physical conditions of classroom and school plant, working relationship with students and co-workers, attitude toward criticism, and knowledge of subject matter.)

Your statement will be sent to bona fide prospective employers only.

PLEASE use a printer with a well-inked cartridge to enable us to reproduce by photographic process. **RETURN THIS STATEMENT DIRECTLY TO THE EDUCATION PLACEMENT OFFICE.**

It is advised that you examine the Waiver printed hereon and if it has been executed, that you keep a copy of this Statement in order to protect its confidentiality. If the Waiver has not been executed, your Statement will be accessible to examination by the candidate.

WAIVER OF RIGHT TO INSPECT AND REVIEW EDUCATIONAL RECORDS

I, _____, with full knowledge of my rights to inspect and review my educational records in accordance with State and Federal law, especially Section 438 of the General Education Provisions Act, Title IV of Public Law 93-247 as Amended, do hereby waive, relinquish and disclaim all my rights to inspect and review this Statement of Qualifications. I authorize and extend this waiver to the writer, _____, and the recipients, WSU Education Placement Office and prospective employers. Further, I direct that this Statement may be used for the purpose for which it is specifically intended.

Signature Date

THIS FORM TO BE USED BY COLLEGE SUPERVISOR OR SUPERVISING TEACHER WHO HAS ACTUALLY OBSERVED THE CANDIDATE IN STUDENT TEACHING.

University Supervisor

Check

General estimate of candidate's probable success in position for which applying:

Inferior	Below Average	Average	Above Average	Superior

Typed Name

Signature

Official Position

Institution

Date

WAYNE STATE UNIVERSITY

Education Placement Office
489 Education Building
Detroit, Michigan 48202
(313) 577-1635

RECOMMENDATION FOR: (Please type)

NAME: First Middle Last

Prospective employers are interested in a candidate's

(a) Personal Qualities (Industry, integrity, power of self-direction, balanced enthusiasm, self-control)

(b) Professional Qualities (Attitude toward criticism, knowledge of subject matter, interest in students, educational philosophy, etc)

Your statement will be sent to bona fide prospective employers only.

PLEASE use a printer with a well-inked cartridge to enable us to reproduce by photographic process. **RETURN THIS STATEMENT DIRECTLY TO THE EDUCATION PLACEMENT OFFICE.**

It is advised that you examine the Waiver printed hereon and if it has been executed, that you keep a copy of this Statement in order to protect its confidentiality. If the Waiver has not been executed, your Statement will be accessible to examination by the candidate.

WAIVER OF RIGHT TO INSPECT AND REVIEW EDUCATIONAL RECORDS

I, _____, with full knowledge of my rights to inspect and review my educational records in accordance with State and Federal law, especially Section 438 of the General Education Provisions Act, Title IV of Public Law 93-247 as Amended, do hereby waive, relinquish and disclaim all my rights to inspect and review this Statement of Qualifications. I authorize and extend this waiver to the writer, _____, and the recipients, WSU Education Placement Office and prospective employers. Further, I direct that this Statement may be used for the purpose for which it is specifically intended.

Signature

Date

General

Typed Name

Signature

Official Position

Institution

Date

WAYNE STATE UNIVERSITY

Education Placement Office
489 Education Building
Detroit, Michigan 48202
(313) 577-1635

LEGAL AUTHORIZATION

(Unless this form is returned SIGNED and DATED, we cannot send copies of your credentials to anyone.)

I authorize the Education Placement Office to release copies of any or all of my credential file to any potential employer upon my request.

I reserve the right to revoke this authorization by written notice to the Education Placement Office. A revocation will become effective upon receipt by that office.

Signature

Date

Typed Name

LIST OF CANDIDATE’S REFERENCES

List names, positions, complete addresses, and phone numbers of persons you will ask to write recommendations for you. The references should be both professional and personal from employers, instructors, public school officials and others.

Your file cannot be sent out until at least three references from those listed are received. Newly certificated candidates must have at least one (1) recommendation from a supervising teacher or one (1) recommendation from a university supervisor and one (1) general recommendation before the credential can be sent out. Further references should be added as you progress professionally. References will be added to the master credential when the name of the reference, position, complete address and phone number are entered on Form 14. This may be done in person, or by written notification. Recommendations may be added or deleted at any time, but the total number in the active file may not exceed eight (8). Students that have not completed their student teaching should have one (1) recommendation from a university supervisor and one (1) recommendation from your student teacher (cooperating teacher) and one (1) general recommendation form. As a new teacher, you should have no more than five (5) recommendations in your file. Recommendations being completed for Administration, Guidance and Counseling, and Library Science candidates should only complete the general recommendation forms.

	NAME	OFFICIAL POSITION	ADDRESS	PHONE NUMBER
_____ 1.	_____	_____	_____	_____
_____ 2.	_____	_____	_____	_____
_____ 3.	_____	_____	_____	_____
_____ 4.	_____	_____	_____	_____
_____ 5.	_____	_____	_____	_____
_____ 6.	_____	_____	_____	_____
_____ 7.	_____	_____	_____	_____
_____ 8.	_____	_____	_____	_____

THIS PAGE MUST BE COMPLETED, SIGNED AND RETURNED TO EDUCATION PLACEMENT OFFICE BEFORE CREDENTIALS MAY BE SENT.

Date

Candidate’s Signature