Waiver of Certification Form for Educator Preparation Candidates

Student’s Name: _______________________________ UGA ID #: _______________________
Preparation Program: __________________________ Area of Emphasis: ___________________
Academic Advisor: ___________________________________________________________________

Please indicate why you are completing this form:

______ (1) I wish to change my program of study to a non-certification route. The following courses will be taken in lieu of clinical practice or are courses that are consistent with the area of emphasis to which I am transitioning.

Identify the area of emphasis:

_____ Educational Studies in Health and Physical Education
_____ Educational Studies in English Education
_____ Teaching Advanced Mathematics
_____ Educational Studies in Special Education

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Semester Hours</th>
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______ (2) It has been determined by my educator preparation program that I should not be certified as an educator in Georgia. I have selected a program of study outside of educator preparation.

_____ (3) Extenuating circumstances have prohibited my continued pursuit of the degree with certification. These circumstances include concerns such as military deployment, family/health circumstances prohibiting my continued enrollment, concerns about my visa or other eligibility status to complete requirements for certification, or other concerns. All candidates selecting Option 3 must have that option approved by the Associate Dean for Academic Programs. Candidates who are granted such a waiver, with permission of the Associate Dean, can re-enroll in the program within a five year period of time as either a certification only or non-degree students to complete remaining degree requirements (e.g., edTPA, student teaching) with assistance from program faculty. Candidates should carefully consider financial aid implications of such decisions and understand that re-entry within the five year time window could necessitate completion of additional requirements by the Georgia Professional Standards Commission or university. Timeline for re-entry valid until:

Fall _____ Spring _____ Summer _____ (Associate Dean: ____________)

Student Signature & Date: ____________________________________________
Program Coordinator Signature & Date: __________________________________
Associate Dean for Academic Programs Signature & Date: ______________________
Instructions for Completing Waiver of Certification Form

About the Form:

This form typically can be completed no earlier than the semester prior to clinical practice (student teaching). See the Certification Officer, Kate Character, if you have questions about the timing.

Steps for completing the form:
1. Students should meet with a COE representative to complete the form. Use the following table to determine the appropriate person.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Meet with the following person(s) to complete the form</th>
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<tbody>
<tr>
<td>Change in program of study</td>
<td>Your academic advisor</td>
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<tr>
<td>Program recommendation</td>
<td>Your academic advisor, program coordinator</td>
</tr>
<tr>
<td>Extenuating circumstances</td>
<td>Your academic advisor, program coordinator, Associate Dean</td>
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</tbody>
</table>

2. The student should submit the completed form to the program for the final approval signature. Check with the program for the appropriate person to sign the form. The program should retain a copy of the signed form.

3. The student should retain a copy of the completed and signed form.

4. The completed form with all signatures should be submitted to the Certification Officer, Kate Character, ellakate@uga.edu.

5. The Certification Officer will notify appropriate college offices as well as the Georgia Professional Standards Commission.