

# FRAMINGHAM STATE UNIVERSITY

## Endorsement Request Form

The licensure officer endorses the applications of candidates who have completed all program requirements. Electronic endorsements are completed in

- **late January** for December completers
- **early June** for May completers
- **mid-February** for January completers
- **mid-September** for August completers

To expedite your endorsement (and the licensing process at the DESE), please **plan accordingly** and **be sure to complete the following** prior to your program completion date.

1. set up your ELAR profile,
2. apply for the appropriate license,
3. apply for the SEI endorsement, if appropriate
4. pay for the license
5. pay for and request transcripts to be sent to the FSU Education Placement and Licensure Office
6. sign and submit the transcript authorization form to the licensure officer (at workshop) or the FSU Registrar's Office
7. submit this form and **other required documents** to the FSU Education Placement and Licensure Office.

**NOTE:** Step 2-7 are completed during licensure workshops.

Once your endorsement is complete, you will receive a confirmation email from the FSU Licensure Office and from DESE. Allow two weeks for processing at DESE.

Last Name	First Name	Middle	MEPID	FSU ID	Program Enrollment Date <sup>1</sup>
-----------	------------	--------	-------	--------	--------------------------------------

\*\*Other last name(s) your records may be listed under \_\_\_\_\_

### Endorsements Requested

Licensure Field:	Grade Level	Type	
		Initial	Professional
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Sheltered English Immersion:</b>	<input type="checkbox"/> EDUC 222 (with licensure endorsement only)	<input type="checkbox"/> TESL 910	

### Program Completed

- UG                     
  PBTL                     
  M.Ed.: \_\_\_\_\_                     
  12-credit-non degree                     
  SEI-only

Home Address: Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_ Email address \_\_\_\_\_ date of birth \_\_\_\_\_ Telephone (cell preferred) \_\_\_\_\_

**Do you have any requirements remaining for your program?**

- Additional courses                     
  Yes                     
  No                     
  Comprehensive Exam

**Actual or anticipated date of licensure program completion:**

- May   
  August   
  December   
  January Year: \_\_\_\_\_

I am requesting endorsement and authorize the FSU licensure office to use information on this form for that purpose.

\_\_\_\_\_ Candidate's Signature \_\_\_\_\_ Date

**Please return this request form in person or by postal mail to:**

Framingham State University  
 Education Placement and Licensure Office (OC 125)  
 100 State Street  
 Framingham, MA 01701

**Licensure Office Use Only:**

PCD \_\_\_\_\_

ED \_\_\_\_\_ Initials \_\_\_\_\_

UPLOADED TRANSCRIPT \_\_\_\_\_

Sending independently

<sup>1</sup> For UG and PBTL, the month you began FS II  
 For M.Ed. Candidates, the month you began your first course for the program  
 For SEI-only candidates, the month you began the course