



# Letter of Intent to Pursue Endorsement or Certificate

## The Graduate School

1500 North Patterson Street Valdosta Georgia 31698-0005  
 Phone: 229-333-5694 Fax: 229-245-3853 www.valdosta.edu/gradschool

Students enrolled in a Valdosta State University (VSU) or VSU Georgia ONmyLINE (GOML) degree program, who wish to pursue an Endorsement or Certificate program offered by VSU, must complete this letter of intent. By completing this form, you certify the following:

- I am a current, active student enrolled in a VSU or VSU/GOML degree program;
- I intend to pursue the Endorsement or Certificate course sequence selected below;
- I hold the education– and/or certification- credentials needed to meet minimum eligibility requirements for this Endorsement or Certificate program;
- If using these courses for elective credit, I have consulted with my academic advisor;
- I understand that completing the Endorsement or Certificate may require completion of additional credit hours beyond the scope of my current degree program.

### Student Information

Last Name	First Name	Middle Name	Suffix (e.g., Jr, Sr)
VSU Student ID No.	Date of Birth	VSU Email Address	
Current Program & Major		Advisor's Name	

### Select the Endorsement or Certificate Program you intend to pursue:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Gifted and Talented Endorsement                           | <input type="checkbox"/> Online Teaching Endorsement | <input type="checkbox"/> Certificate in Online Teaching |
| <input type="checkbox"/> Reading Endorsement                                       | <input type="checkbox"/> K-5 Science Endorsement     | <input type="checkbox"/> K-5 Mathematics Endorsement    |
| <input type="checkbox"/> English to Speakers of other Languages (ESOL) Endorsement |  |   |

### How do you plan to use these courses? (check all that apply)

- Some/all of the courses required for the certificate or endorsement will be used to fulfill elective credits for my degree program.
- I plan to complete the endorsement/certificate courses in addition to the requirements for my degree program.

Indicate which semester you wish to begin the Endorsement/Certificate course sequence: \_\_\_\_\_

### By signing below, I certify that I understand and agree to the following:

- I have consulted my advisor about pursuing the Endorsement/Certificate.
- I understand that to pursue an Endorsement program I must meet all certification requirements outlined by the program.
- I understand that completion of the Endorsement or Certificate sequence may result in additional hours beyond the scope of my degree program.

Signature

Date

Return completed form to:  
 The Graduate School  
 Valdosta State University  
 1500 N. Patterson Street  
 Valdosta, GA 31698-0005  
 Or by fax: 229-245-3853

You will be notified of the department's decision through your VSU email address.

Please email questions regarding this form or process to goml@valdosta.edu.

### For Endorsement/Certificate Granting Department Use

- Approved
- Request Denied
- Approved with conditions

Signature of Evaluator

Date