



Northwestern

OKLAHOMA STATE UNIVERSITY

ALTERNATIVE CERTIFICATION WAIVER AUTHORIZATION TO ENROLL IN RESTRICTED COURSES

Please attach current transcript and a copy of your certificate.

Send to the Director of Teacher Education
709 Oklahoma Blvd., Alva, OK 73717 (Fax 580-327-8431)

To be completed by the student

Name (first, last) (maiden) _____

Phone # _____

Address _____

E-mail _____

Advisor _____

I am making a request to enroll in restricted course(s) and have not been admitted to the Teacher Education program.

I am requesting to enroll in following restricted course(s) for the _____ Semester/Year:

This request is made to complete courses for the Oklahoma State Department of Education to complete the requirements of Alternative Certification. A copy of my transcript and certificate are attached.

Signature

Date

TO BE COMPLETED BY THE DIRECTOR OF TEACHER EDUCATION

The person named above (has) (has not) been authorized to enroll in the course(s) listed above.

Director of Teacher Education

Date