

COVER PAGE

Transition from MoSTEP to MoSPE

Please submit a Cover Page for each certification area listed on your Transition Template.

Educator Preparation Program: _____ Submission Date: _____

Certification Area: _____ Grade Level: _____

Anticipated Implementation Date: _____

Requested Action:

_____ Continue as Approved

_____ Revise to Match MoSPE and New Certification Requirements

_____ Add & Request Approval for a New Certification Program

_____ Drop Certification Program (Complete additional information below)

Are there students currently enrolled in the program? _____ Yes _____ No

If yes, what are your plans for "teaching them out"?

End Date: _____

Delivery Site(s): _____

Cooperative Partner(s): _____

Signatures

Chief Academic Officer: _____ Date: _____

Dean/Unit Leader: _____ Date: _____

Division/Program Chair: _____ Date: _____

For Office of Educator Quality use only	
Certification Supervisor Approval	Educator Preparation Approval
Name:	Name:
Date:	Date:
Comments:	Comments: