



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF EDUCATOR QUALITY – EDUCATOR PREPARATION

Please submit a Cover Page for each certification program listed on the Matrix Template.

Matrix Title (Name of Program):

Institution Name:

Submission Date:

Educator Preparation Code:

Certification Area:

Anticipated Implementation Date:

Grade Level:

Requested Action:

Revise & Request Approval for a Certification Program (Required Signatures by Dean/Unit Leader & Division/Program Chair)

Add & Request Approval for a New Certification Program (All Signatures are Required)

Drop Certification Program (Complete additional information below & All Signatures are Required)

Are there students currently enrolled in the program?

If yes, when is the end date and what are your plans for “teaching them out?”

Delivery Site(s):

Cooperative Partner(s):

Signatures

Chief Academic Officer:

Date:

Dean/Unit Leader:

Date:

Division/Program Chair:

Date:

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