



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.

**Educator Preparation Program:**  
**Educator Preparation Code:**  
**Anticipated Implementation Date:**

**Submission Date:**  
**Certification Area:**  
**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:

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

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