



Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure
75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-6600
TTY: N.E.T. Relay (800) 439-2370

Verifying Graduate Credits Toward the Professional Licensure “12-Credit Option.”

The intent of this form is to assist the Office of Educator Licensure to verify that graduate credits awarded to the applicant as noted below are applicable toward the Professional licensure option commonly referred to as the “12-credit option.” Please note that this form alone is not sufficient and there must also be an official transcript on file for the coursework. A college/university may be in a position to complete this form but it is not a requirement or expectation of ESE.

Applicant’s name: _____

MA educator license # **or** MEPID # **or** SSN #: _____

Professional teacher license sought: field _____

This applicant has completed the below noted graduate level coursework awarding semester hours of graduate credit and this coursework includes only the subject matter knowledge (see *Massachusetts Regulations for Educator Licensure and Preparation Program Approval 603 CMR 7.06.*) of the Professional license field sought or is coursework that includes pedagogy and only the subject matter knowledge of the professional license field sought.

Course Prefix, Number, and Title

Semester Hours of Graduate Credit Awarded

<u>Course Prefix, Number, and Title</u>	<u>Semester Hours of Graduate Credit Awarded</u>

Printed name: _____
(registrar, dean, department chair, approved program licensure officer, or course instructor)

Signature: _____

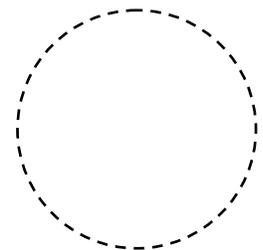
Title: _____

Name of Organization: _____

Date: _____

Telephone number or email: _____

The Department may contact you if any clarification is needed.



Affix Seal/Stamp

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