

SCHOOL TEACHER CERTIFICATION PLAN OF STUDY

EMPLOYEE'S NAME:		DATE SENT TO OFFICE FOR SCHOOLS:
SCHOOL:	SCHOOL ADDRESS:	
CITY:	PHONE:	
TEACHER'S POSITION (CHECK ONE): Classroom Teacher: <input type="checkbox"/> Specialist Teacher: <input type="checkbox"/> Theology Teacher: <input type="checkbox"/>		DATE OF INITIAL CONTRACT (EX: AUGUST 15, 2024):

This **Plan of Study** is required of all teachers who do not have a teacher license (issued by the State of Wisconsin, Department of Public Instruction, or by another state) or a bachelor's degree with at least 12 credit hours in teacher education from an accredited institution (Policy 4111, 4134, and 4135). This form must be filed with the Office for Schools no later than **October 1st** of the school year hired, or within 60 days if hired after the official start of the school year.

CURRENT DEGREE(S) HELD:
CURRENT LICENSE (ATTACH COPY):
COLLEGE/UNIVERSITY ENROLLED IN FOR PLAN OF STUDY (MUST BE ACCREDITED):

REMAINING COURSES REQUIRED FOR CERTIFICATION:

COURSE TITLE	CREDITS	PLANNED DATE FOR COURSE COMPLETION (EX: FALL 2024)

EXPECTED DATE OF COMPLETION OF ALL REQUIREMENTS: (Must complete within three (3) years of date of hire - Policy 4134 and 4135)

EMPLOYEE SIGNATURE:

EMPLOYEE:	DATE:
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APPROVED BY:

SCHOOL PRINCIPAL:	DATE:
EMPLOYER (PASTOR/PARISH DIRECTOR/PRESIDENT):	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

RETURN TO: Office for Schools with all appropriate documentation (transcripts, college/university enrollment verification) by October 1st of the current school year. Rev: 8-1-24