

Division of Global Learning and Partnerships (Rowan Global)

TEACHING VERIFICATION FORM FOR M.ED. APPLICANTS

ABOUT THIS FORM: The Master of Education (M.Ed.) in Teacher Leadership program is designed for teachers who want to develop and hone their leadership skills but wish to remain in the classroom. As part of the application process for the M.Ed. program, it is necessary for applicants to verify that they are currently teaching and have been for at least one full academic year by completing and signing this form, having it signed by their principal or supervisor, and returning it to Rowan Global Admissions at the address below.

For an overview of the M.Ed. program—including admission requirements, entry points, and application deadlines—please visit www.rowanu.com/med

		Please comp	lete this form in its entiret	y and submit it v	ia the info	ormation o	on the bottom of this page.	
Applicant Last Name		Applicant First Name			MI	Rowan ID Number ((if applicable/known)	
Date of Birth (MM/DD/YYYY):						Social Security # (Optional):		
Requeste	ed Entry Point:		Other names that appear			Academic	: Records:	
Applicant Email:				Applicant Phone:			t Phone:	
CURRENT TEACHING POSITION INFORMATION								
By my signature below, I confirm that I am currently employed as a full-time teacher at								
School N	ame:			Address:				
Grade/Ty	/pe:			District:				
Name of Principal or Supervisor:								
School Pl	hone:			School Fax:				
and have been for at least one full academic year.								
have included detailed information regarding this position—and any other teaching positions I have held—on my professional resume which I understand must be submitted to Rowan Global Admissions as part of my application to the Master of Education in Teacher Leadership program.								
Signed:					D	ate:		
APPLICANT'S PRINCIPAL OR SUPERVISOR CERTIFICATION By my signature below, I confirm that I am the applicant's principal or supervisor and that the information provided above is truthful and accurate to the best of my knowledge.								
Signed:					D.	ate:		
Name:					Er	mail:		
Title:					PI	none:		

SUBMIT THIS FORM: Please submit this completed form to Rowan Global Admissions with your application materials by the appropriate application deadline.

- o Via FAX: 856-256-5637
- Via Mail: Rowan Global Admissions, Enterprise Center, 225 Rowan Boulevard, Suite 200, Glassboro, NJ 08028
- o Via Email: global@rowan.edu (scan and attach)
- Deadlines: The submission deadline for this form is the same as the application deadline for your program of interest. Application deadlines are listed at www.rowanu.com/med (Click on the appropriate program, then click "Start Dates & Applications Deadlines").

CONTACT: Should you have any questions or to confirm receipt of this form, please contact Rowan Global Admissions at global@rowan.edu.