



Form A

Use this form only if all requirements have been met

Diocese of Charlotte Catholic Schools Office
Verification of All Completed Courses
24 in Content and 12 in Professional Education

Date _____

Name: _____
 First Middle Last Maiden

Employing School _____

Name of institution attended: _____

Area of concentration: _____

Date Completed (Please attach transcript): _____

CONTENT AREA COURSES COMPLETED	CREDITS 24 required

EDUCATION COURSES COMPLETED	CREDITS 12 required

Signature of Principal or Designee

Date

Copy to teacher, principal and CSO

Form B

Use this form if only some of the requirements have been met



Diocese of Charlotte Catholic Schools Office
Verification of Completed Courses
Program for Completion of Required Courses

Date _____

Name: _____
First Middle Last Maiden

Employing School: _____

The following indicates the required content courses completed and education courses completed or needed:

Name of institution attending: _____

Area of concentration: _____

Please provide a copy of the plan as outlined by your college or university

CONTENT AREA COURSES COMPLETED	CREDITS 24 required

EDUCATION COURSES COMPLETED	CREDITS 12 required

Form B

Course to be completed	Date Completed

*** Grade reports are to be handed in at the end of each semester.**

Hire Date: _____

Signature of Principal or Designee

Signature of Employee

Completion of Coursework Date: _____

Signature of Principal or Designee

Signature of Employee

Copy to teacher, principal and CSO