

## Secondary Education Application of Intent

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Start date: \_\_\_\_\_

Program Manager: \_\_\_\_\_

I, \_\_\_\_\_, wish to apply for the following:

\_\_\_\_ OATCERT (Online Accelerated Teacher Certification)

\_\_\_\_ Master's in Secondary Education

Do you intend on applying for Pennsylvania State Certification?      Yes    No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit electronically to your Program Manager.