



# LOUISIANA DEPARTMENT OF EDUCATION

## TEACHER CERTIFICATION

Academic Year: \_\_\_\_\_

University/College: \_\_\_\_\_

### ***Mentor Teacher:***

Course Prefix	Course Number	Course Titles:

University Dean (or designee) Name: \_\_\_\_\_

University Dean (or designee) Signature: \_\_\_\_\_

Date: \_\_\_\_\_