

Georgia PSC Alternate Level 6 Certification Option Form – Revised August 2011
200 Piedmont Avenue, Suite 1702, Atlanta, GA 30334-9032

Please Use Black Ink or Type

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	Last Name	<input type="text"/>																							
First Name	<input type="text"/>												Middle or Maiden Name	<input type="text"/>												
Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>						Date of Birth (MM/DD/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>																		

This form is to be completed and signed by the Graduate School Dean for an applicant for Georgia certification who has not been granted an Educational Specialist (Ed.S.) degree but who has completed, as determined by the GaPSC, requirements outlined below toward a doctoral degree recognized by the GaPSC for level seven certification. Not all institutions have doctoral programs that are compatible with Georgia's level six certification option. If applicable, the completed form should be included as part of the application package submitted to the GaPSC to request a Level 6 certificate.

I certify that as of ___ / ___ / ___, the applicant listed above **has completed** the following requirements:

- Completion of a minimum of 36 semester hours of coursework required for a level seven doctoral degree
- Successful completion of the oral and/or written comprehensive examinations or the institution's determined equivalent

The applicant has completed the requirements above for the following Doctoral Degree and Major: _____

By signing this form, I verify that the applicant named above has satisfied all requirements listed on this page and should be considered for Level 6 certification by the GaPSC.

Name of Graduate School Dean (Please print/type)

Signature of Graduate School Dean

Title

Date

Name of Institution (Please print/type)

Mailing Address

City, State, Zip

Phone Number and E-mail Address