

**Delta State University  
Department of Teacher Education,  
Leadership, and Research  
P.O. Box 3112  
Cleveland, MS 38733**

**Applicant's Name** \_\_\_\_\_

**Verifying School District** \_\_\_\_\_

**Verification of Licensed Teacher and/or Administrator**

**School Years** \_\_\_\_\_

**Beginning Date** \_\_\_\_\_

**Total Years** \_\_\_\_\_

**Position** \_\_\_\_\_

**Name of School** \_\_\_\_\_

**Full / Part Time** \_\_\_\_\_