



Daniel L. Goodwin College of Education  
Office of the Dean

### edTPA Voucher Application

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Program NEIU ID # IEIN Email

Degree

In what semester and year, you completed your student teaching: \_\_\_\_\_ / \_\_\_\_\_  
Semester Year

GPA: \_\_\_\_\_

*Please, send this application to coe-edtpa@neu.edu, using subject line: edTPA voucher application and your full name.*

**For office use only:**

(edTPA program coordinator or program representative check candidate good standing with the program and make a recommendation)		
Revised by _____ Last Name, First Name	_____ / _____ Date	_____ Electronic Signature with email confirmation
Program Recommendation: Yes <input type="checkbox"/> No <input type="checkbox"/>		
(Associate Dean Approval)		
Approved by _____ Last Name, First Name	_____ / _____ Date	_____ Electronic Signature with email confirmation
Associate Dean's Final Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>		