



Daniel L. Goodwin College of Education
Office of the Dean

edTPA Voucher Application

Last Name First Name Date

Program NEIU ID # IEIN Email

1. Specify in what semester and year you will complete your student teaching:

Semester Year

2. GPA: \_\_\_\_\_

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 Signature
Program Recommendation: Yes [ ] No [ ]
(Associate Dean Approval)
Approved by Last Name, First Name Date Signature
Associate Dean's Final Approval: Yes [ ] No [ ]