



REQUEST FOR COLLEGE VERIFICATION FORM Adding an Endorsement

When you are ready to add an endorsement, you will need W&M to complete your College Verification Form. Please provide the information below so that we can accurately complete this document.

Date: _____ Graduation Date: _____

Name: _____ Banner ID #: _____

Email or mailing address where you would like the College Verification Form sent:

Main Endorsement Area Sought: _____

Are you seeking any additional endorsements (list all endorsements)?

Student Teaching and/or Internship Experience (if applicable)

Name of Cooperating Teacher: _____

Grade level: _____ Subject area: _____

This form can be emailed to:
ksclark@wm.edu

Contact Information:
(757) 221-2320
School of Education, Room 1106

Mail forms to:
Kelley S. Clark
Clinical Placements & Licensure
William & Mary School of Education
PO Box 8795
Williamsburg, Virginia 23187-8795