FORM G COVER SHEET

Directions for Completing Form G

Form G should only be completed by those Fellows who are currently enrolled in a preliminary credential program. Fellows who meet this criterion should complete the top (address) portion of the form. Please fill in this information completely. If you have changed any part of your contact information, please check the box to alert our staff to update your records.

Once you have completed the top portion, please give the form to a Credential Analyst at your college or university to complete. The Credential Analyst should return Form G to the GTF office in a sealed envelope that bears the name and address of the institution. Form G should be sent to the following address:

Governor’s Teaching Fellowship Program
P.O. Box 1590
Long Beach, CA  90802-1590

The envelope must be postmarked no later than 5:00 p.m. on November 8, 2013.

Note: If you are unable to complete your preliminary credential program and are not currently enrolled in a credential program, you should not complete this form. Instead, complete the Status Update Form.
Governor’s Teaching Fellowship Program

Please Type or Print Legibly. Deadline is November 8, 2013 by 5:00 P.M.

This Section to Be Completed by Fellow:

Award Year  
(choose one)  
○ 2000-2001  
○ 2001-2002

To the College/School of Education
Credentials Office at: __________________________________________________________

Name of Institution

This is to certify that ___________________________________________________________

Last Name __________________________________________ First ______ Middle ______

Social Security No. ____________________________ Phone: ( ) __________________

Email: ___________________

Who resides at:

Address __________________________________________ City ______ State ______ Zip ______

☐ Check here if contact information has changed

This Section to Be Completed by CTC Approved Credential Analyst:

Is officially enrolled in the Teacher Education Program at your institution under the following status:

○ Continuous full-time enrollment  ○ Part-time enrollment

Date of Initial Enrollment (mm/dd/yyyy)

○ Multiple Subject ____________________________________________

○ Single Subject Area _________________________________________

○ Special Education Area _____________________________________

○ BCLAD

○ Not enrolled in a credential program at this time

Anticipated or Actual Date of Credential Program Completion _________ (mm/dd/yyyy)

GPA Verification (last 60 semester/90 quarter units): __________ GPA

Typed Name: ___________________________________________ Title: ______________________

(Credential Analyst)

Signature: ___________________________________________ Date: ______________________

(Credential Analyst)

The Deadline for this form is November 8, 2013 by 5:00 P.M.

Return to: Governor’s Teaching Fellowship Program
P.O. Box 1590
Long Beach, CA 90802-1590

For Office Use Only

Date of Verification:__________

Administrator:_____________