

# COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

## Limited Certificate of Eligibility Alternate Route Teacher Preparation Program

### District Permission Letter

Teacher Candidate Name: \_\_\_\_\_

Teacher Candidate 855 number: \_\_\_\_\_

Alternate Route Program: (circle one)

CTE    Early Childhood    ESL    MAT Elementary    MAT Secondary

District/School: \_\_\_\_\_

Grade: \_\_\_\_\_ Subject: \_\_\_\_\_

Academic Year(s) \_\_\_\_\_

The above named teacher candidate is enrolled in an alternate route program at William Paterson University and will need to be observed and mentored by a clinical supervisor from the College of Education, William Paterson University during their first two years of teaching.

By signing this letter, the district / building level administration affirms the following:

- the above named teacher candidate has been hired as a teacher of record under the Limited Certificate of Eligibility alternate route licensure path in the above named school / district;
- the above named school / district is Commissioner-approved to employ Limited Certificate of Eligibility holders;
- the William Paterson University clinical supervisor is permitted to conduct required observations of the candidate teaching, in person and remotely.

Thank you for your assistance with this matter.

Sincerely;  
Margaret Renn, Director, Office of Field Experience  
William Paterson University

Administrator Signature: \_\_\_\_\_

Administrator Printed Name: \_\_\_\_\_

District / School: \_\_\_\_\_

Date: \_\_\_\_\_