

**UNIVERSITY
OF HARTFORD**

COLLEGE OF EDUCATION,
NURSING AND HEALTH PROFESSIONS

DEPARTMENT OF EDUCATION

**Durational Shortage Area Permit (DSAP)
Advisor Approval Sheet**

Candidate Name: _____ UHart ID: _____

DSAP Semester(s): _____ Student Teaching Semester: _____

Program: Early Childhood Education Special Education

Do you have 20 months of work experience?

Yes No

Application Type

- DSAP without Student Teaching (student teaching not for a few semesters)
 DSAP with Student Teaching (completing student teaching next semester under a DSAP)

Documents Submitted

- ED 177 (all pages with district approval)
 A copy of the State approved DSAP prior to the start of student
 Para-Educators/Oakhill must provide proof of employment (*DSAP with less than 12-credits completed*)
 Letter from the District confirming that they will be able to assign a TEAM trained mentor when the candidate is ready to student teach (*DSAP without immediate student teaching*)
OR
 Name and contact information of TEAM Trained mentor who will serve as the cooperating teacher (*DSAP with immediate student teaching*)

Advisor Signature: _____ Date: _____