

**UNIVERSITY
OF HARTFORD**

COLLEGE OF EDUCATION,
NURSING AND HEALTH PROFESSIONS

DEPARTMENT OF EDUCATION

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

Candidate Name: _____

DSAP Semester: _____ **Student Teaching Semester:** _____

Program: Early Childhood Education Special Education Elementary Education

Application Type

- DSAP without Student Teaching
 DSAP with Student Teaching

Documents for DSAP without Student Teaching

- Advisor Approval Sheet
 ED 177 (all pages with district approval)
 Unofficial Transcript
 Resume
 Intent statement indicating why background makes candidates eligible for the DSAP
 Updated Planned Program
 Student Teaching Application (please follow department due dates)
 A copy of the State approved DSAP prior to the start of student teaching
 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**)

Decision

- Application Approved** – Send to Certification Officer (enhpdean@hartford.edu)
 Application Not Approved – Send to the Clinical Office (clinical@hartford.edu)

Advisor Signature: _____

Advisor Name: _____

Date: _____