



**Teacher Academy of Maryland (TAM)  
Program Completion Verification Form**

**Student Information:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

High School \_\_\_\_\_ School District \_\_\_\_\_

**TAM Program of Study**

**Course Final Grade**

Human Growth & Development through Adolescence	
Teaching as a Profession	
Foundations of Curriculum & Instruction	
The Education Academy Internship	

<b>Program of Study Grade Point Average (GPA):</b>	
<b>Program of Study Completion Date:</b>	

**Verification of TAM Program Completion**

*We, the undersigned, hereby verify that the student named above has successfully completed the Teacher Academy of Maryland Program of Study in accordance with the expectations of Salisbury University as stipulated in the TAM Memorandum of Understanding. As such, the above student has maintained a cumulative GPA of at least 3.0 in this program of study with no grade of less than 2.0 in any TAM course.*

\_\_\_\_\_  
**Authorized Administrator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Date**

**SU Use Only:**

Student ID: \_\_\_\_\_ Major: \_\_\_\_\_ Reviewed: \_\_\_\_\_  
Dept. Chair/Assoc. Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit for EDFN 210 (4 Credits)**

Credit Posted: \_\_\_\_\_  
Registrar Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please forward completed form to:  
Salisbury University Seidel School Dean's Office 1101 Camden Ave. TE 354  
Salisbury, MD 21801 Phone: 410-543-6335*