



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

Student Information:

Last Name _____ First _____ Date of Birth ____ / ____ / ____

Street Address _____ City _____

State _____ Zip Code _____ Phone _____

High School _____ School System _____

TAM Program of Study

Course Final Grade:

Human Growth & Development through Adolescence _____

Teaching as a Profession _____

Foundations of Curriculum & Instruction _____

The Education Academy Internship _____

Program of Study Grade Point Average (GPA): _____

Program of Study Completion Date: _____

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 Bowie State 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

Please forward completed form to: Department of Teaching, Learning, and Professional Development, Bowie State University, Attention: Retention Coordinator, James E. Proctor Jr. Building, 2nd Floor, Bowie, MD 20715, P: 301-860-3129 or 301-860-3130.