



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

Student Information

| | | | |
|-------------------|---------------|-------------|----------|
| Last Name | First Name | Middle Name | |
| Street Address | City | State | Zip Code |
| () | | / | / |
| Home Phone Number | Date of Birth | | |
| 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 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 Stevenson 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.

Designated Guidance Counselor **Date**

Principal **Date**

Forward completed form to: **Registrar's Office, Stevenson University, 1525 Greenspring Valley Road, Stevenson, MD 21153.**