

## Waiver of Florida Teaching Certificate Requirements

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Date

Nova's ID # \_\_\_\_\_

Degree Objective: **Master of Science in School Guidance and Counseling**

This is to acknowledge that I do not currently hold a valid Florida teaching certificate. I understand that I should contact the Florida Department of Education for information on current certification requirements as this might impact receipt of Florida certification in School Guidance and Counseling.

\_\_\_\_\_

Student's Signature

Please sign and return to: Nova Southeastern University  
EPS  
Attn: Center for Psychological Studies  
P.O. Box 299000  
Fort Lauderdale, FL 33329-9905  
Or Fax to: 954-262-3608 or 3609