

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

Transfer Evaluation Services

Towson University  
8000 York Road  
Towson, MD 21252-0001  
t. 410 704-3229  
f. 410 704-3522

**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 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 Towson 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: Transfer Evaluation Services, Towson University, 8000 York Road, Towson, MD 21252-0001.)