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|  | Massachusetts Department ofElementary and Secondary Education |
| Office of Educator Licensure  |  Telephone: (781) 338-6600  |
| 75 Pleasant Street, Malden, Massachusetts 02148-4906 | TTY: N.E.T. Relay (800) 439-2370 |

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| **Request for an Updated Evaluation for a Professional Teacher License Form**This form is intended for applicants who received an evaluation for a Professional Teacher license and feel that they can benefit from the Department’s decision, rendered on September 16, 2020, to accept graduate level credit or graduate credit toward 603 CMR 7.04(2)(c)4.c. Applicable coursework must be completed through a college or university accredited by a DESE recognized accrediting organization, include only the subject matter knowledge of the license field sought, or a combination of pedagogy and only the subject matter knowledge of the license field sought and not be awarded undergraduate credit. If you have previously documented graduate level coursework that was not accepted toward the “master’s and 12 credit option” by the Licensure Office only because graduate credit was not awarded, as opposed to graduate level credit, please complete and upload/submit this form and an updated evaluation will be conducted. |
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| Name (First, Middle, Last) |  License number or MEPID |
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| Course ID and name that you would like to be reconsidered. (For example, PEDD 9105 Advanced French Grammar for Educators) |
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| Course ID and name that you would like to be reconsidered. |
|  |
| Course ID and name that you would like to be reconsidered. |
|  |
| Course ID and name that you would like to be reconsidered.  |
|  |  |
| College/University where the course(s) was taken | Date: |
|  |
| * The dated *Request for a Updated Evaluation* form can be:

**Uploaded directly into your ELAR account (fastest method)**.* + - Login to ELAR at [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/)
		- On the **Welcome to ELAR** screen, click on the Upload Documents linkand follow prompts
		- Click on Upload Help for any needed additional guidance.

**Please note:** When choosing the Document Type, please select: **Request for ELAR Change** |
| **Or, mailed to:** | Massachusetts Department of Elementary and Secondary EducationOffice of Educator Licensure75 Pleasant StreetMalden, MA 02148-4906 |