



**Toyota International Teacher Program  
Costa Rica 2009**  
 Toyota International Teacher Program  
 Institute of International Education  
 1400 K Street, NW Suite 650  
 Washington, DC 20005-2403  
 Phone: 1-877-832-2457

The applicant's principal or school head must sign and date this form in order for the applicant to be considered for the Toyota International Teacher Program. This certifies that he/she will allow the applicant to participant in the program, if accepted.

**Applicant's Principal or School Head**

Prefix (Mr., Mrs., Ms., Dr.)

Last Name

First Name




Official Title

I certify that the below named applicant is employed **full-time** as a **classroom or librarian teacher** of **grade(s) 6 -12**. I understand that acceptance of this award will require this applicant's participation from **April 18 – May 2, 2009** and I certify that as this applicant's principal or school head, he/she has my support in participating in the program and implementing his/her Post-Program Impact Proposal.

Signature

Date



**Applicant**

Prefix (Mr., Mrs., Ms., Dr.)

Last Name

First Name