



PRAIRIE VIEW A&M UNIVERSITY

CONTENT ADVISOR CHECKLIST FOR CLINICAL TEACHING - FALL SEMESTER 2026

Traditional Clinical Teaching ___ or Year-long Residency ___

Candidate: _____ TEA ID# _____ PV ID# _____
Last Name First Name M. I.

The following information must be submitted, by the Clinical Teacher Candidate, to the ADVISOR on or before 5:00PM, Thursday, April 16, 2026.

Whitlowe R. Green College of Education

	REQUIRED DOCUMENTATION	YES	NO	COMMENTS
1.	Government Identification (passport, state ID, Driver's License) Submitted into the Educator Portal.			
2.	Banner Registration Form: <u>Advisor signature</u> indicating correct Clinical teaching course(s) per degree plan.			
3.	Completed Degree Plan: to include grades received and semesters taken (Example: Spring 2024) <u>*MUST BE SIGNED BY ADVISOR. OVERALL GPA > 2.75</u>			
4.	Copy of CUIN 3300 & 3301 Observation Validation Forms: with corresponding logs for required field experiences. (ready for upload into Educator Portal) <u>*MUST BE SIGNED BY THE INSTRUCTOR OF RECORD.</u>			
5.	Degree Program Approval Form <u>*Must be signed by advisor.</u>			
6.	STUDENT HAS UPLOADED THE FOLLOWING REQUIRED TEA MODULE CERTIFICATES INTO THE EDUCATOR PORTAL (NA for Residency I) - Dyslexia - Mental Health - Substance Abuse - Suicide Prevention - Digital Literacy <u>*Must be verified by course instructor.</u>			
7.	Copy of the Admissions to Teacher Education Letter <u>VERIFY in the Educator Portal.</u>			
8.	Texas Educators' Code of Ethics/ Statement of Affirmation Form <u>VERIFY in the Educator Portal.</u>			
9.	Background check Acknowledgment Form <u>VERIFY in the Educator Portal.</u>			
10.	Exit Policy for Dismissal of Candidates Form <u>VERIFY in the Educator Portal.</u>			
11.	Acknowledgment of the PVAMU, WRGCOE Complaint Process. <u>VERIFY in the Educator Portal.</u>			
12.	Application for Clinical Teaching (<u>upload into the Educator Portal</u>) <u>*MUST BE SIGNED BY ADVISOR.</u>			

Advisor Signature _____

Date _____

Student Signature _____

Date _____



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M System

WHITLOWE R. GREEN COLLEGE OF EDUCATION

Office of Clinical Teaching Field Experiences
Application for Clinical Teaching - Fall 2026

Name: _____
Last First M. I.

Email Address _____
(All correspondence **MUST** be via PVAMU E-mail address)

TEA ID#: _____ Gender: _____ Ethnicity: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Content Area: _____

Emergency Contact Person: _____ Phone Number: _____

Select only one:

I am choosing Traditional Clinical Teaching (One Semester)

I am choosing Residency Clinical Teaching (Yearlong=1yr)

Signature

Date

****Please attach your TExES content exam results to this application.***

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Whitlowe R. Green College of Education
Department of Curriculum and Instruction
DEGREE PROGRAM APPROVAL FOR CLINICAL TEACHING

*This document must be completed with and signed by your Academic Advisor.
The completed document must be submitted with your approved Degree Plan.*

Name:		PV ID #:	
Semester and Year Requesting to Enroll in Clinical Teaching	Fall		Spring
I: Current Course Load			
Course Title/Number	Course Title/Number	Course Title/Number	
Course Title/Number	Course Title/Number	Course Title/Number	
II: Courses Necessary to Complete Program Requirements			
Course Title/Number	Course Title/Number	Course Title/Number	
Course Title/Number	Course Title/Number	Course Title/Number	
III: Admission Requirements to Teacher Education Program			
Semester/Date		Overall GPA	
<i>Note: Unsatisfactory grades ("D" or "F") are <u>not</u> acceptable in any professional course.</i>			
IV: Program Concentration (Place an "X" next to desired program concentration.)			
EC-6		ELAR 4-8	
Math 7-12		Soc. Studies 4-8	
Generalist 4-8		ELAR 7-12	
		Phy. Ed. EC-12	
		Science 4-8	
		Music EC-12	
		Math 4-8	
		SPED EC-12	
Recommendation (To be completed by Faculty.)			
Advisor:		Approved:	Yes No Pending
Coordinator: Clinical Teaching		Approved:	Yes No Pending

PRAIRIE VIEW A&M UNIVERSITY REGISTRATION & SPECIAL APPROVAL FORM Rev. 3/31/08

Term Data				Fall	Summer	Spring
	Student ID#	Major	Classification	Semester/ Year		
Name (Please print)						
	Last	First	MI	Email Address		

Course Selections (First Choice)					Alternate Selections (Second Choice)				
ACTION	CRN AND COURSE AND NUMBER	SEC. #	HRS	COURSE LEVEL	ACTION	CRN AND COURSE NUMBER	SEC. #	HRS	COURSE LEVEL
<i>Circle one below</i>	<i>Example: CRN 10048 MISY 1013</i>	<i>P01</i>	<i>3</i>	<i>UG</i>	<i>Circle one below</i>	<i>Example: CRN 10048 MISY 1013</i>	<i>P03</i>	<i>3</i>	<i>UG</i>
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD OR RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
				Total Hours					

DD = Drop without record RE=Add course

Student Signature _____ **Date** _____

Advisor Signature _____ **Date** _____

SPECIAL APPROVAL:
Please list course(s) and check box(es) for the appropriate override/approval:

Course(s)	
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- Pre- and/or Co-Requisite Override Approval (**Pre and/or Co-Requisite Overrides must be approved by the dept. head offering the course**)
- Special Approval: Dept Head
- Course Enrollment Capacity Override
- Time Conflict Override Approval (**Please complete back of this form for time conflict override approval**)
- Maximum Credit Hours Approval (Overload approvals require a minimum grade point average of 3.00 for undergraduate students (21 hrs max for any long semester and 12 hrs max for any combined summer sessions) and permission of the dept. advisor for graduate students. (**Please complete back of this form for maximum credit hours approval**))

Dept. Head Signature _____ **Date** _____

Dean Signature _____ **Date** _____
(Dean's signature and processing required for Time Conflict and Maximum Credit Hours Approval)

Note: Per the TAMUS Records and Retention Schedule, departments must retain this document for one year after the close of the registration semester.



PRAIRIE VIEW A&M UNIVERSITY

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State Board for Educators Certification

Texas Educators' Code of Ethics
Texas Administrative Code §247.2

STATEMENT OF AFFIRMATION

I affirm that I will comply with standard practices and ethical conduct toward students, professional colleagues, school officials, parents, and members of the community and shall safeguard academic freedom, as set forth by the **Texas Administrative Code §247.2**. As a Texas educator, in maintaining the dignity of the profession, I shall respect and obey the law, demonstrate personal integrity, and exemplify honesty. In exemplifying ethical relations with colleagues, I shall extend equitable treatment to all members of the profession. In accepting a position of public trust, I shall measure success by the progress of each student toward the realization of his or her potential as an effective citizen. In fulfilling responsibilities in the community, I shall cooperate with parents and others to improve the public schools of the community.

- **I hereby affirm that I have ready and thoroughly understand the Texas Educator Code of Ethics TAC 247.2, and shall abide by all enforceable standards of this rule.**

Signature

Date



PRAIRIE VIEW A&M UNIVERSITY

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Background Check Acknowledgement

I acknowledge that Prairie View A&M University Education Preparation Program has informed me of the following:

BACKGROUND INFORMATION: The SBEC rules in 19 TAC Chapter 227 begin with Subchapter A, Admission to Educator Preparation Programs, which provides for rules that establish requirements for admission to an EPP.

§227.1. General Provisions.

(b) Educator preparation programs should inform all applicants that:

(1) pursuant to the Texas Education Code (TEC), §22.083, candidates must undergo a criminal history background check prior to employment as an educator; and

(2) pursuant to the TEC, §22.0835, candidates must undergo a criminal history background check prior to clinical teaching.

My signature below also acknowledges that I have received a copy of TEA FAQ's document "Preliminary Criminal History Evaluation-FAQ's"

Signature

Date



PRAIRIE VIEW A&M UNIVERSITY

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CUIN COURSE REQUIREMENT

I acknowledge that I must be formally admitted into the Teacher Education (TE) program to be enrolled in CUIN Courses. You must have received a letter documenting your formal admission date from Curriculum & Instruction Department Head.

If I am enrolled in CUIN courses without a formal admission letter to Teacher Education (TE):

- **I understand that I cannot receive credit towards my certification without a letter documenting my formal admission.**

Signature

Date

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PRAIRIE VIEW A&M UNIVERSITY

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THE PRAIRIE VIEW A&M UNIVERSITY EDUCATOR PREPARATION PROGRAM EXIT POLICY FOR DISMISSAL OF CANDIDATES

It is a paramount goal of the Prairie View A & M University Educator Preparation Program (PVAMU EPP) to graduate and recommend for certification candidates who will be successful educators throughout the state of Texas. Occasionally, there are circumstances that warrant the dismissal of a candidate. When such action is deemed necessary, there are specific reasons and procedures that should be taken into consideration by all parties involved.

Per Texas Administrative Code 19 TAC 228.20(h), the reasons for termination from an EPP are noted below.

Reasons for Termination

- Undergraduate GPA falls below 2.75.
- Graduate Program GPA falls below 2.75.
- Mutual consent and agreement for termination by the public school partner Administrator and University Supervisor for reasons of illness, injury or other unforeseen personal circumstances.
- Violation of the Texas Professional Code (Code of Ethics) or Texas Education Code regulations.
- Failure by the student to establish and maintain a satisfactory performance level in classroom instruction and management.
- Failure by the PVAMU EPP candidate to abide by the policies of the PVAMU EPP, and/or public school partner, and/or school district.
- Unprofessional conduct towards school personnel, or students.
- Failure to address the requirements of a growth plan and show consistent progress.
- Non-renewal of teaching contract (for interns).
- Failure to pay fees in a timely manner.

Students who choose to withdraw from the PVAMU Educator Preparation Program (EPP) prior to graduation or certification will be required to complete a written statement via academic advisor or program director. The document outlines reasons for withdrawal, and understanding of graduation without TEA Certification. Re-entry into the program will be considered on an individual basis.

Paid fees will not be refunded in the event that a participant is withdrawn or dismissed from the program.

If the candidate does not agree with the decision of program dismissal, she/he may appeal via the ***PVAMU EPP Complaint Process***. Information about this process can be found online at: <https://www.pvamu.edu/education/forms/>. **There is a timeline for submitting complaints.**

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THE PRAIRIE VIEW A&M UNIVERSITY EDUCATOR PREPARATION PROGRAM EXIT POLICY FOR DISMISSAL OF CANDIDATES

ACKNOWLEDGEMENT FORM

§228.20. Governance of Educator Preparation Programs.

(h) All EPPs shall have a published exit policy for dismissal of candidates that is reviewed and signed by candidates upon admission.

...amended to be effective October 15, 2020, 45 TexReg 7255.

I acknowledge that the Prairie View A&M University Educator Preparation Program (EPP) has informed me of the Program's **Exit Policy for Dismissal of Candidates**.

My signature below also acknowledges that I have received a copy of the PVAMU EPP policy document titled *"The Prairie View A&M University Educator Preparation Program Exit Policy for Dismissal of Candidates"*

NAME OF CANDIDATE (Please Print)

TEA ID #

PV ID#

OFFICIAL SIGNATURE OF CANDIDATE

DATE SUBMITTED



PRAIRIE VIEW A&M UNIVERSITY

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THE WHITLOWE R. GREEN COLLEGE OF EDUCATION EDUCATOR PREPARATION PROGRAM (EPP)

COMPLAINT PROCESS

ACKNOWLEDGEMENT

As defined by TAC 228.70: a candidate or former candidate in an Educator Preparation Program (EPP), an applicant for candidacy in an EPP, an employee or former employee of an EPP, a cooperating teacher, a mentor, a Director of Educator Preparation Services in a school district, charter school, or private school may submit, in accordance with subsection (c)(1) of this section, a complaint about an EPP for investigation and resolution.

I acknowledge that the Prairie View A&M University, Whitlowe R. Green College of Education's Educator Preparation Program (EPP) has informed me of the Program's COMPLAINT PROCESS, including how to file a complaint; complaint procedures; the appeal process, and how to file a complaint with TEA.

My signature below also acknowledges that I have received a copy of the PVAMU EPP policy document titled "*Whitlowe R. Green College of Education Educator Preparation Program (EPP) Complaint Process*"

NAME OF CANDIDATE

TEA ID #

PV ID#

OFFICIAL SIGNATURE OF CANDIDATE

DATE SUBMITTED



PRAIRIE VIEW A&M UNIVERSITY

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Student Name: _____: ID# _____

Justification for Course Time Conflict Resolution

The above student has extenuating circumstances and has permission to be advised and registered in the following course section(s) that have a time conflict:

Course Name, Number and Section: _____ CRN: _____ Time: _____

Course Name, Number and Section: _____ CRN: _____ Time: _____

The time will be made up for the affected course(s) with the following plan of action:

Justification for Maximum Course Credit Overload

Overload approvals require a minimum grade point average of 3.00 for undergraduate students (21 hrs max for any long semester and 12 hrs max for any combined summer sessions) and permission of the dept. advisor for graduate students.

Course Name, Number and Section: _____ CRN: _____

Cumulative GPA: _____

Students who do not meet criteria for maximum course credit overload as outlined in the university undergraduate or graduate catalog:
