

**PRAIRIE VIEW A&M UNIVERSITY**  
**Whitlowe R. Green College of Education / Department of Curriculum and Instruction**

**TEACHER CANDIDATE APPLICATION FOR APPROVAL TO REGISTER FOR TEXES® / EXCET® EXAMINATIONS**

PLEASE PRINT LEGIBLY!

Date of Application \_\_\_\_\_ Received By \_\_\_\_\_ Title \_\_\_\_\_

TEACHER CANDIDATE \_\_\_\_\_  
*Last Name* *First* *MI*

Student ID # \_\_\_\_\_ TEA ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Ethnicity / Race (Check one)  African American  White  Hispanic  Other

**CONTACT INFORMATION**

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Best Contact #  Home  Cell

PVAMU Email Address: \_\_\_\_\_

**CANDIDATE STATUS**

Are You an Undergraduate Student?  Yes  No If "YES", What is Your Expected Graduation Date? \_\_\_\_\_

Date Accepted Into Teacher Education \_\_\_\_\_

Major \_\_\_\_\_ Certification Area \_\_\_\_\_

Are You a Current PVAMU Graduate Student  Yes  No

If "YES", What is Your Expected Graduation Date? \_\_\_\_\_

Are You Enrolled in the ATCP Program?  Yes  No If "Yes", What is Your Certification Area? \_\_\_\_\_

Highest Degree Completed \_\_\_\_\_ PVAMU Graduate?  Yes  No Date Graduated \_\_\_\_\_

<b>TEST CHOICE:</b> Place a check mark (✓) to the <b>LEFT</b> of the <b>Test Name and Number</b> that you wish to attempt. <b>YOU CAN ONLY APPLY FOR ONE TEST AT A TIME.</b>	<b>PPR EC-12</b> (160)	<b>Mathematics 4-8</b> (115)
	<b>PPR/Trades &amp; Ind. Ed. 8-12</b> (170)	<b>Mathematics 8-12</b> (135)
	<b>Generalist EC-6</b> (191)	<b>Science 4-8</b> (116)
	<b>Generalist 4-8</b> (111)	<b>Science 8-12</b> (136)
<b>NOTE:</b> It is <b>YOUR RESPONSIBILITY</b> to check with your advisor and/or the <b>TEXES Assessment Coordinator</b> to make sure you select the correct test & test number!	<b>Special Ed. EC-12</b> (161)	<b>Life Science 8-12</b> (138)
	<b>ELA/Reading 4-8</b> (117)	<b>Social Studies 4-8</b> (118)
	<b>ELA &amp; Reading 8-12</b> (131)	<b>Social Studies 8-12</b> (132)
	<b>Health EC-12</b> (157)	<b>History 8-12</b> (133)
<b>ADVISOR:</b> _____ <i>(Print Name)</i>	<b>Physical Ed. EC-12</b> (158)	<b>Reading Specialist</b> (151)
	<b>Other</b> _____ (____)	<b>LOTE Spanish</b> (613)

\_\_\_\_\_  
*Teacher Candidate's Signature* *Date*

**TEXES® ASSESSMENT COORDINATOR APPROVAL**

Documented Review Hours: \_\_\_\_\_ Documented Representative Test Score: \_\_\_\_\_ Clear Background Check  Yes  No

\_\_\_\_\_  
*Signature of TEXES Assessment Coordinator* *Date* Comments: \_\_\_\_\_

**ADVISOR AND DEPARTMENTAL HEAD APPROVAL**

\_\_\_\_\_  
*Advisor's Signature* *Date* *Department Head's Signature* *Date*

**FOR CERTIFICATION OFFICE USE ONLY**

**Eligibility Approval Code:** Eligible (0) \_\_\_\_\_ Approved (1) \_\_\_\_\_ Approved Until Removed (3) \_\_\_\_\_ Denied (4) \_\_\_\_\_  
 Finisher  Clinical  Other Enrolled  EXAM ONLY  Non-Completer  1<sup>st</sup> Time Taker  Repeat in Window  Repeat, Out of Window

Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_