



Prairie View A&M University
Whitlowe R. Green College of Education
Department of Curriculum and Instruction

Submission Date _____
 Telephone (M) _____
 Telephone (H) _____
 E-Mail _____

Admission to Teacher Education Checklist for Fall 2024, due by 4/26/24

Candidate's Name: _____ TEA ID#: _____

Area of Certification: _____ PVAMU ID# _____

Advisor's Initials

Documents

_____ Completed Application (Printed)

_____ Departmental Screening: Interview and Departmental Assessment

- a. Interview Percentage Score _____ (n/100=percentage)
- b. Content Area Screening Score(s) Math _____ Science _____ Social Studies _____ PhEd _____ Music _____
 (The Goal is 75% or higher, if any screener score is 60% to 74%, one CUIN course (CUIN 3003) will be recommended rather than two.)
- c. Student Disposition Percentage Score _____ (n/36=percentage)

_____ Copy of **Driver's License**, State ID or Passport (Front and Back)

_____ **TEA Identification Number and TEA Profile Sheet** (Completed Online and Printed)

_____ TEA processing fee \$55.00 (**Not required**)

_____ Documentation of A **clear** Criminal Background (**Not required**)

_____ **Signed Background Check Acknowledgement Form**

_____ **Current Transcript** / Degree Works (Official or Advisor's Version)

_____ **Updated and Signed Degree Plan** (Signed by the Candidate and the Advisor)

_____ **Overall GPA** (Must be 2.75 or greater) **GPA** = _____

_____ **Core GPA** = _____ ; Content Subject Area Credit Hours = _____

_____ **Three (3) Faculty Letters of Recommendation** (Letters of Recommendation must be completed using the form provided in this packet.)

_____ **Signed Texas Educators' Code of Ethics Statement of Affirmation Form**

_____ **All Class Substitution Forms** (Mark N/A if Not Applicable and initial)

_____ **Grade of "C", or better, in English 1123 or English 1133 (A grade of "B" or better required fall 2023)**

_____ **Grade of "C", or better, in Math 1113 or Math 1103 (A grade of "B" or better required fall 2023)**

Advisor: _____ Advisor's Signature: _____

Date: _____ (Print)

To be Completed by the Admission to Teacher Education Committee Chair

Candidate's Status: _____ Admitted _____ Denied _____ Date _____

Comments: _____

Signature of Admission to Teacher Education Chair: _____



**Prairie View A&M University
Whitlowe R. Green College of Education
Department of Curriculum and Instruction**

Application for Admission to Teacher Education
(Clearly print information on application and submit with complete packet.)

Name _____ Date _____
First Middle Maiden Last

TEA ID Number _____ PVAMU ID _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

Year and Semester First Entered Prairie View A&M University _____

Permanent Address _____
Address City State Zip Code

Local Address _____
Address City State Zip Code

Preferred Telephone Number _____ Alt. Telephone Number _____

PVAMU E-Mail _____ Alt. E-Mail _____

Gender Female _____ Male _____

U. S. Citizen Yes _____ No _____

- If no to the previous question, have you filed to become a U.S. Citizen? Yes _____ No _____
- What is your alien number? _____

Ethnicity (Please check applicable)

Black or African American (non- Hispanic) _____

Asian _____

Hispanic _____

White/Non-Hispanic _____

Native Hawaiian/Pacific Islander _____

American Indian/Alaskan Native _____

Other _____

Concentration _____

Degree Sought (Choose Only One)

B.S. Teacher Education _____

B. S. Technology Education _____

B. S. Secondary Education _____

Post Baccalaureate _____

Other _____

Do you plan to meet the requirements for Texas Teacher Certification? Yes _____ No _____

Applicant's Signature _____ Date _____

Advisor's Name _____ Advisor's Signature _____



**Prairie View A&M University
Whitlowe R. Green College of Education
Department of Curriculum and Instruction**

Faculty Recommendation for Admission to Teacher Education

Candidate's Name: _____ TEA ID No. _____

Degree sought (check only one):

B.S. Teacher Education _____ B.S. Technology Education _____
B.S. Secondary Education _____ Post Baccalaureate _____
Other _____

Specialization Area: _____

DIRECTIONS TO THE STUDENT:

Complete the information in the above section. The remaining portion of the form is to be completed by the faculty making the recommendation.

DIRECTIONS TO THE REFERRING FACULTY:

This is a confidential recommendation. Please return this form to the *Department of Curriculum and Instruction in a sealed envelope*.

Complete the matrix below. Rate the abilities of the above named student as follows:

4 = Excellent **3**= Above Average **2** = Adequate **1** = Inadequate **NA** = Not Applicable

| Qualities | 4 | 3 | 2 | 1 | N/A | Comments |
|---------------------------------------|---|---|---|---|-----|----------|
| Appearance | | | | | | |
| Initiative | | | | | | |
| Ability to Learn | | | | | | |
| Cooperation | | | | | | |
| Leadership | | | | | | |
| Responsibility | | | | | | |
| Accepts Criticism | | | | | | |
| General Conduct | | | | | | |
| Honest/Trustworthy | | | | | | |
| Professional Dispositions | | | | | | |
| Punctuality | | | | | | |
| Communication | | | | | | |
| Organization/Time Management | | | | | | |
| Critical Thinking/Problem Solving | | | | | | |
| Respect for Others Opinions and Ideas | | | | | | |
| Teamwork | | | | | | |

You may add comments to clarify your recommendation. _____

_____ I recommend the above named student for Admission to Teacher Education.

_____ I do not recommend the above named student for Admission to Teacher Education.

Printed Name of Recommending Faculty

Signature of Recommending Faculty

Title/Position of Recommending Faculty

Campus Telephone Number

Department/University (if not at PVAMU)

Faculty Campus E-Mail Address



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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 standard of this rule.**

Educators Candidate's Printed Name

Educator Candidate's Signature

Date

WE TEACH TEXAS

THE TEXAS A&M UNIVERSITY SYSTEM

Whitlowe R. Green College of Education
Office of the Dean
P.O. Box 519; MS 2400 Prairie View, Texas 77446
Phone (936) 261-3600 Fax (936) 261-3621
www.pvamu.edu

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 1 0 0 4 8 MISY 1013</i> | <i>P01</i> | <i>3</i> | <i>UG</i> | <i>Circle one below</i> | <i>Example: CRN 1004 8 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 | | | | |
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| 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) | |
|------------------|--|

- ☐ 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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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:

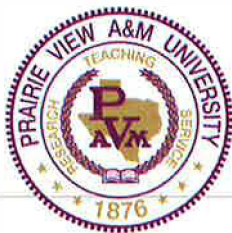
Justification for Maximum Course Credit Overload

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:



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 the 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.**

Name (Please print)

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"

Name (Please print)

Signature

Date