

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® EXAMINATIONS

PLEASE PRINT CLEARLY

Date of Application _____

CANDIDATE INFORMATION

_____ *Last Name* _____ *First Name* _____ *MI*

PV 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

Email Address: _____

CANDIDATE STATUS

Are You a Current Undergraduate Student? _Yes_ _No If "YES", What is Your Expected Graduation Date? _____

Major _____ Certification Area _____

Are You a Former PVAMU Teacher Candidate GRADUATE? _____ Yes _____ No If "YES", Date Graduated? _____

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

CHOOSE YOUR TEST:

Place a check mark (✓) to the LEFT of the Test Name and Number that you wish to attempt. **YOU CAN ONLY APPLY FOR ONE TEST AT A TIME.**

NOTE:

It is YOUR RESPONSIBILITY to check with your advisor to make sure that you select the correct test & test number!

ADVISOR:

CORE EC-6 (291)	Music EC-12 (177)
CORE Subjects 4-8 (211)	PPR EC-12 (160)
ELA&R 4-8 (117)	Physical Education EC-12 (158)
ELA&R 7-12 (231)	Science 4-8 (116)
Health EC-12 (157)	Science 7-12 (236)
Life Science 7-12 (238)	Social Studies 4-8 (118)
Mathematics 4-8 (115)	Special Education EC-12 (161)
Mathematics 7-12 (235)	OTHER: ()

Candidate's Signature _____

Date _____

FOR DEPARTMENT AND CERTIFICATION OFFICE REVIEW AND APPROVAL

Date Accepted Into Teacher Education, OR, ATCP Program: _____ Clear Background Check: _____ Yes _____ No

Documented Review Hours: _____ Representative Exam Score: _____ Certify Teacher Score: _____ T-CERT _____

Director's Signature _____ *Date* _____

Advisor's Signature _____

Date _____

Department Head's Signature _____

Date _____

FOR CERTIFICATION OFFICE USE ONLY – APPROVAL STATUS

Eligibility Approval Code: _____ Eligible _____ Approved _____ Denied _____ In Window _____ Out of Window _____ ATTEMPT # _____

_Finisher _____ Clinical _____ Other Enrolled _____ Entered By _____ Date _____