

PVAMU Application for Recommendation for the STANDARD University-Based Certificate

Social Security Number _____ **Date of Birth** _____ **Gender** Male Female **Ethnicity (As in TEA)** _____

TEA ID# _____ **PVAMU ID#** _____ **Advisor's Name** _____

First Name (As used in your TEAL Account) _____ **MI** _____ **Maiden Name (if applicable)** _____

Last Name (As used in your TEAL Account) _____ **Generation (Jr., II, etc.)** _____ **Phone** _____
(____) ____ - _____

Permanent Address

City _____ **State** _____ **Zip Code** _____

PVAMU Email Address _____ **Personal Email Address** _____

CHECK THE DESIRED STANDARD CERTIFICATE (Check only one.)

CORE EC-6 CORE 4-8 ELAR 4-8 Math 4-8 Science 4-8 Social Studies 4-8
 ELAR 7-12 Mathematics 7-12 Health EC-12 Music EC-12 Educational Diagnostician
 Physical Education EC-12 Special Education EC-12 School Counselor Principal as Instr. Leader

CLINICAL TEACHING (PRACTICUM/INTERNSHIP) ASSIGNMENT

Full Name of School District: _____ City _____
 School: _____ Cooperating Teacher/Mentor: _____
 University Supervisor: _____

START DATE _____ **END DATE** _____ **TOTAL DAYS** _____

TEXES EXAM HISTORY

Content: Passed Date: _____ **PPR Exam (teacher candidates only)** Passed Date: _____

Driver's License # _____ **State** _____ **Applicant's Signature** _____ **Date** _____

Checklist of Required Documents

ALL documents as listed below must be attached and submitted along with page 1: *PVAMU Application for Recommendation*. **Incomplete Application Packets will not be processed.**

___ Page 1: *PVAMU Application for Recommendation* has been completed, signed, dated, and attached.

___ My Cooperating Teacher's (or Practicum/Internship Mentor's) Recommendation is attached.

___ My University Supervisor's Recommendation is attached.

___ My Official PVAMU Transcript showing degree and date conferred is attached, **OR**, it has been ordered.
(Order online from the Registrar's Office; request for the transcript to be emailed to: **edcert@pvamu.edu**)

___ My online TEA Application for Certification has been completed. (Attach Receipt, or Proof)

___ My online TEA Fingerprint Application has been completed, and fee paid. (Attach Receipt, or Proof)

MY SIGNATURE BELOW CONFIRMS THAT:

___ I have completed and submitted all of the above required documents.

___ I understand that there must be a clear consensus (agreement) between the final letter of recommendation from my Cooperating (Mentor) Teacher and the final letter of recommendation from my University Supervisor in order for me to be recommended to TEA for the Standard Certificate.

___ I understand that processing of this application may take up to 7 business days.

Signature of Candidate

Date

INFORMATION BELOW TO BE COMPLETED BY THE CERTIFICATION OFFICE:

Date Received by Certification Office: _____ Received By: _____

___ Packet is Complete ___ Packet is Incomplete Candidate Informed on (date): _____

___ Packet Resubmitted Date Resubmitted: _____ ___ Resubmitted Packet is Complete

___ Clearly Recommended by the Cooperating Teacher (Mentor) ___ Clearly Recommended by the University Supervisor

___ NOT Clearly Recommended by the Cooperating Teacher (Mentor) ___ NOT Clearly Recommended by the Univ. Supervisor

___ The Candidate Has Met All Requirements for Recommendation. Candidate was Recommended on _____

___ The Candidate DID NOT Meet All Requirements for Recommendation. Candidate was NOT Recommended.

Signature of Certification Officer: _____ Date: _____