PPLICATION			Date of applicati	On:Pg
			ersonal Referral	
			Subject(s)	Print name
PERSONAL INFORMATION				
			Social Securi	ty #
Complete Name:	first	mi	Maider	n Name:
			Gender: □M	□F Military Veteran : □Yes □N
Ethnicity: ☐ Hispanic or Latino	■ Not Hispanic •	or Latino		
Race: ☐ American Indian o	or Alaska Native 🗆 🗆	Black or African	American	□ White
□ Asian	С	1 Hawaiian or oth	er Pacific Islander	☐ Two or more races
Mailing Address:	Δ	ot. #	city	state zip code
Phone #s:	△ I	ρι. <i>π</i>	City	state zip code
	Cell: _		Wor	k:
e-mail address:				
Have you ever been accepted If yes, name of teacher pres Name of TEXES/ExCET exams ta Have you ever been issued a T	d into another Alterna oaration program(s) _ aken: exas Teaching Certif	ative Certification	Program? □YES	
Provide the following informatic Institution		versities, junior or <u>Dates Attende</u>	_	ges attended. <u>Degree</u> <u>Major/Minor</u>

In your own handwriting, describe what you as a person development as a teacher throughout your first year o	on will bring to teaching. Explain how that will support your of teaching.
	Score:
ave you ever been convicted of a felony or subjected If your answer is "YES", please explain on a separa ote: Before hiring, school districts will conduct a crimin	to a deferred adjudication on a felony charge? NO YES Date sheet of paper. It is a records check. A criminal record will jeopardize your eligibility of a false statement on this application will disqualify you from adm
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No guarantee of certification is implied by admission into the program or completion of an internship /clinical teaching practicum.

This application will be kept on file for a period of twelve months following the date of application.