

Application for Admission to the Teacher Education Program (TEP)

Personal Information

This information is required for TEA & Title II Reporting

Full Name: Enter name exactly as it appears on your driver's license or State ID

_____	_____	_____
Last	First	Middle or Initial
Wesleyan ID # _____		Social Security # _____
Gender _____		Ethnicity _____
Female/Male		Hispanic/African American/White/Asian/Other/2 or more
Date of Birth _____		Citizenship _____
		U.S or Name of Country

Certification Program _____
EC-6 Core/ESL, EC-6 Core/Bilingual, 7-12 History, EC-12 Music, etc.

Have you ever been convicted of a felony or misdemeanor, other than minor traffic accidents? _____
Yes or No

If Yes, please provide the state where the offense occurred and details about the offense.

Note: If you are unsure whether your offense will affect your ability to become certified you should request a preliminary background check through TEA. Information for submitting a request is included in the Teacher Handbook.

Contact Information

Current Address

_____	_____	_____	_____
Street Address or PO Box	City	State	Zip Code

Permanent Address (if different from Current Address)

_____	_____	_____	_____
Street Address or PO Box	City	State	Zip Code

Primary Phone Number(include Area Code)_____

Alternate Phone Number(include Area Code)_____

TxWes e-mail address_____

This email will be used to send you Teacher Education Program information. You must check this email on a regular basis.

Personal e-mail address_____

This e-mail address will be connected to your Texas Education Agency account. This should be a permanent e-mail address.

(Do not enter your Wesleyan email)

Educational History

College 1_____

Name

Location

Dates of Attendance_____ **Major/Minor**_____

Degree and Date of Graduation_____ **Overall Cumulative GPA**_____

College 2_____

Name

Location

Dates of Attendance_____ **Major/Minor**_____

Degree and Date of Graduation_____ **Overall Cumulative GPA**_____

College 3_____

Name

Location

Dates of Attendance_____ **Major/Minor**_____

Degree and Date of Graduation_____ **Overall Cumulative GPA**_____

Employment History

Employer 1_____

Name

Address

Job or Position_____ **Dates of Employment**_____

Business Phone Number_____

Employer 2_____

Name

Address

Job or Position_____ **Dates of Employment**_____

Business Phone Number_____

Employer 3 _____
Name Address

Job or Position _____ **Dates of Employment** _____

Business Phone Number _____

Professional References

Please list the names and contact information of 3 professional persons (clergy, educator, etc.) who could recommend you. Please include name, position or title, company, and telephone number. Professional references may **NOT** be blood relatives.

Reference 1 _____
Name Address

Job or Position _____ **Where Employed** _____

Phone Number _____

Reference 2 _____
Name Address

Job or Position _____ **Where Employed** _____

Phone Number _____

Reference 3 _____
Name Address

Job or Position _____ **Where Employed** _____

Phone Number _____

Electronic Signature

I affirm that all information on this form is complete and accurate to the best of my knowledge.

Electronic Signature _____ **Date signed** _____
Please enter your full name