



Educator Preparation Certification Program

Application for Admission

Due November 15 (for spring admission) or March 15 (for fall admission)

Applicant Information

Full Name: _____ Date: _____ HT ID: _____
Last First M.I.

Current Address: _____ Permanent Address: _____

City State ZIP Code City State ZIP Code

Cell Phone: () Home Phone: ()

Personal Email: _____ HT Email _____

Social Security Number _____ Date of Birth: _____

Driver's License Number _____ State: _____

Academic Information

Cumulative GPA:	Basic Skills Competency Scores		
Total Semester Credit Hours:	Test (COMPASS, ACT, THEA, ETC.)		Date(s) Taken
	Reading Score		
	Math Score		
Major:	Writing Score		

12 hrs in subject-specific content/academic major with a C or better

EC-6 Gen, SPED, Tech Apps			PE, Music, Math, English, Science, History		
Course	Semester	Grade	Course	Semester	Grade
MATH 1312 or higher					
ENGL 1301 & 1302					
HIST 1301 or 1302 or PSCI 1301 or 1302					
BIOL 1406 or higher, PHYS 1415 or higher, or CHEM 1411 or higher					

Certification Interest

Check the Program for which you are applying. Please select only *one* program option.

General Education Certification: EC-6th Grade **OR** 4th-8th Grade

Special Education Certification: Special Education EC-12th Grade

Single Subject Certification:

<input type="checkbox"/> English Language Arts Reading 7-12	<input type="checkbox"/> Science 7-12
<input type="checkbox"/> Social Studies 7-12	<input type="checkbox"/> Physical Sciences 7-12
<input type="checkbox"/> History 7-12	<input type="checkbox"/> Life Sciences 7-12
<input type="checkbox"/> Music EC-12	<input type="checkbox"/> Mathematics 7-12
<input type="checkbox"/> Physical Education EC-12	<input type="checkbox"/> Mathematics/Science 4-8
<input type="checkbox"/> Technology Applications 8-12	<input type="checkbox"/> Computer Science 8-12

Supplemental Certifications: English As A Second Language (ESL) Bilingual Education

For Office Use

Date Received: _____ Student Name: _____ Professional Organization: _____

ADMISSION APPROVED ADMISSION DENIED Comments: _____

Department Chair Signature

Date

Disclaimer and Signature

Please read the following statements carefully:

- I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements, misrepresentations, or omissions made by me on the application or during the application process or which later prove to be false or incomplete shall result in sufficient cause for refusal to be admitted into the Huston-Tillotson University Educator Preparation Program (HT EPP) or immediate dismissal from HT EPP if accepted.
- I agree to abide by all HT EPP testing and assessment requirements.
- I understand that I will be subject to a criminal background check by the State Board for Educator Certification before being issued a Standard Teaching Certificate and by independent school districts and/or charter schools before being allowed to student teach.
- I hereby authorize Huston-Tillotson University to investigate, through whatever means deemed appropriate, any information included in this application and facts resulting from the investigation unless otherwise noted. Huston-Tillotson University is also authorized to use any information obtained from its investigations to determine my suitability for entrance into HT EPP. I release Huston-Tillotson University from any liability in connection with the investigation.
- I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
- I understand that meeting eligibility requirements does not guarantee an interview or acceptance into HT EPP.
- I understand that all documents submitted as part of the application process become the property of Huston-Tillotson University and are not returnable.
- I hereby authorize Huston-Tillotson University to release application information for employment purposes to local school districts. Information will be released only in response to school district inquiries.
- I understand that I am required to complete a one-semester full time unpaid student teaching assignment.
- I understand that there is no tuition refund if I am unable to meet the training requirements.
- I understand that the submission and/or contents of this application are not intended to create any contractual or other legal rights and are designed solely as a guide for applicants to the Huston-Tillotson University Educator Preparation Program.

If accepted, I agree to abide by the policies, procedures, rules, and regulations of Huston-Tillotson University and the Educator Preparation Program.

Signature: _____ Date: _____

Huston-Tillotson University Department of Educator Preparation

FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit Huston-Tillotson University Department of Educator Preparation to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.

I, _____ am a candidate at
Print Full Name

Huston-Tillotson University Department of Educator Preparation and hereby give my voluntary consent to officials:

A. To disclose the following records:

- Records relating to any of my field experiences
- Records relating to my performance in the field
- TExES test score results

B. To the following person(s):

- School districts or other agencies associated with field experiences
- School-based/Agency-based administrators
- School-based/Agency-based cooperating teachers/mentors
- Program faculty

C. These records are being released for the purpose of:

- Conversing and reviewing performance
- Acquiring feedback
- Procuring required signatures

I understand that under the Family Educational Rights and Privacy Act of 1974 ("FERPA" 20 USC 123g; 34 CFR §99; commonly known as the "Buckley Amendment") no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including 30 clock hours of observation, clinical teaching, student teaching, or internship.

Signature of Candidate

Date

HT ID #		TEA #	
Email		Email	
Cell		DOB	