Texas Education Agency Division of Educator Standards Educator Candidate/Intern Test Information Form

To be completed by all students who have begun their certification with another Texas university or ACP prior to seeking admission to any educator certification program at UNT.

Note: This information is to ensure the candidate/intern is with the correct program for ASEP data.

To Be Completed by the Candidate																			
Social Security or File Number												Date of Birth							
											M	M	D	D	Y	V	Y	Y	
		<u> </u>	-			-			<u> </u>		TAT	TVE							
								-		1]						
Last Name First Name										Mide	Middle Name Maiden Name								
Ι _	Candidate's Printed Name Name of Original Program																		
	and wish to be added to Name of Admitting Program Signed																		
		Candida	ate's Sig	gnature							Date								
	To Be Completed by the Original Educator Preparation Program																		
Name	of Orig	inal Enti	ity									County - District Number							
	yped Name and Title of Program dministrator or Certification Officer					Date Tel-					one / ema	ail			Sig	nature			
		Or CII.		101111		MM	DD	YYYY	()					<u></u>				
To Be Completed by the Educator Preparation Program Admitting the Candidate															late				
Name of Admitting Entity													County - District Number						
University Of North Texas														Denton					
Area	and Lev	el of Ce	rtificati	ion Sough	ıt									Anticipated Completer Year					
	Typed Name and Title of Program Administrator or Certification Officer Date Telephon										1 /	.1	Siamatuma						
Administrator of Certification Officer				cer	Date MM DD YYYY			(Telephone / email				Signature						
						IVIIVI	00	1						1					

UNT's SAO/TAO will fax completed form to SBEC at (512) 936-8231