

## **Application for Admission to Initial Teacher Certification**

## **Educator Profile:**

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First Name:	Last Name:	Middle Initial	:	Former Name:
Address:	City, State:	Zip Code:		Date of Birth:
UNTD Email:	Personal Email:	Cell Phone#		Work Phone#
UNTD ID:		TEA ID:		
Race	Ethnicity		Gender	
American Indian or Alaska Native   Asian   Nati Hawaiian or Other Pacific Islander   Black or African-American   White	ve Hispanic/Latino   Not Hisp	panic/Latino		

## Please select your program from the following menu:

Undergraduate Teacher Certification				
Check one (must align with degree program)				
☐ Grades EC-6 Core Subjects only				
☐ Grades EC-6 Core Subjects and ESL				
☐ Grades EC-6 Core Subjects and Bilingual				
☐ Grades EC-6 Core Subjects and SPED				
☐ EC-12 Language Other Than English (LOTE)				
☐ Grades 7-12 Mathematics				
☐ Grades 4-8 Social Studies				
☐ Grades 4-8 Mathematics				
☐ Grades 4-8 Science				
☐ Grades 4-8 English, Language Arts & Reading				

designated below.	you understand and will adhere to	the provisions and policies
☐ I consent to UNT Dallas's disclosure of my aca scores, and my TEA ID number to school districts Teacher Education Program and the requirement	and the TEA for the purpose of mee	•
$\square$ I have reviewed the Texas State Educator's Co	de of Ethics.	
I affirm that I will comply with standard p school officials, parents, and members of the Texas Administrative Code §247. 2. A respect and obey the law, demonstrate p relations with colleagues, I shall extend ju accepting a position of public trust, I shall his or her potential as an effective citizen parents and others to improve the public	the community and shall safeguard is a Texas educator, in maintaining the sersonal integrity, and exemplify hon ust and equitable treatment to all measure success by the progress of the fulfilling responsibilities in the content.	academic freedom, as set forth by ne dignity of the profession, I shall nesty. In exemplifying ethical embers of the profession. In f each student toward realization of
I hereby affirm that I have read and thoroshall abide by all enforceable standards of Certification Officer to view each of my standards://tea.texas.gov/Texas_Educators/Ir	of this rule. I give permission to the Utate exam scores and use them in or	Iniversity of North Texas at Dallas der to complete my certification.
☐ I understand that under the Family Education commonly known as the "Buckley Amendment") unless otherwise provided for in legal statutes an any time (via written request to the educator pre taken upon this release. Further, without such a including 30 clock hours of observation, clinical te	no disclosure of my records can be red judicial decisions. I also understar paration program) except to the extrelease, I am unable to participate in	made without my written consent nd that I may revoke this consent at ent that action has already been n any field-based experiences
Name of Applicant	Signature of Applicant	 Date