

STEPHEN F. AUSTIN STATE UNIVERSITY

James I. Perkins College of Education

Admission to Educator Certification

**Undergraduate Application**

SFA Box 6103 • 118 McKibben Bldg. • Nacogdoches, Texas 75962

Phone: (936) 468-1275 Fax: (936)468-1577

Date:	S.S.N.:	Campus ID:	DOB:
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Name:
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Last	First	Middle
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Local Address:
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Street or Box #                      City                      State                      Zip

Local Phone #	Cell Phone #	Other:
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Email Address:
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**REQUIRED (PRINT CLEARLY) All communication will use this address**

Gender: ( )Male ( )Female
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Ethnicity: ( )Hispanic/Latino of any race ( ) Non-Hispanic/Latino of any race
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Race: ( )American Indian or Alaska Native ( )Asian ( )Black or African American ( )White ( ) Native Hawaiian or Other Pacific Islander ( ) Two or more Races
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What is your major?	( )EC-6 ( )4-8 ( )6-12 ( )8-12 ( )EC-12
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TEACHING GRADE LEVEL - Select one from the list above

Online Programs: ( )EC-6 Completer ( )4-8 Completer ( ) Special Ed EC-12 Completer
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Basic Skills Scores-Please fill-in all that apply: THEA: W_____ M_____ R_____                      ACCUPLACER: R_____ W_____ M_____
SAT: V_____ M_____ T_____                      ACT: E_____ M_____ R_____ S_____ C_____
<b>Note: Test scores must have been taken within the last 5 years Date of Test _____</b> <i>If your test scores are not on your official transcript, please bring scores when submitting application</i>

I understand and agree to the following:

- A. I currently have & must maintain an overall 2.5 GPA & 2.5 in my teaching field to remain in Educator Certification.
- B. I must adhere to the Code of Ethics
- C. I have not been convicted of a felony.
- D. I must read and adhere to the policies and procedures listed in the Undergraduate Initial Certification Handbook.
- E. I must have filed for a Degree Plan and a copy is attached to this form.
- F. An application Fee of \$100.00 applies to this application and will be charged to the applicant's SFA student account.
- G. I must pass my content area TExES exam before student teaching.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

For Office Use Only: Overall GPA \_\_\_\_\_ Teaching Field GPA \_\_\_\_\_ Transfer Hours \_\_\_\_\_ SFA Hours \_\_\_\_\_ De