

PLEASE PRINT CLEARLY

THE UNIVERSITY OF TEXAS AT TYLER
INITIAL CERTIFICATION
U Teach/Clinical Teaching

1. myUTTyler ID # _____

2. Social Security # _____

3. TEA # _____

4. Today's Date _____

Form with fields for: 5. Last Name, First Name, MI, Maiden Name; 6. Permanent Address, City, State, Zip Code; 7. Date of Birth, 8. Gender, 9. Ethnicity, 10. Race; 11. Telephone, 12. E-mail address, 13. Semester; 14. Degree, 15. Graduation Date, 16. University; 17. Program governing certification plan, 18. Target Certification.

19. Teaching fields / specializations:

Supplement(s):

20. Grades taught during student teaching:

1st 1/2 semester: Grade(s), Subject (if departmentalized), Campus

2nd 1/2 semester: Grade(s), Subject (if departmentalized), Campus

ISD

ISD 2 (if applicable)

NOTICE: Any information left blank will delay the recommendation process. ALL INFORMATION IS REQUIRED.

Do not write below this line

Form with fields for: TEXES, Recommended Certifications

Notes: EDUC 4640, EDUT 4170

Table with columns: Degree, Date, Univ.

checked/degree

Date of Completion / Test Completion

Date of Recommendation

PC

**DISCLOSURE STATEMENT:

Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas at Tyler to provide the number to the State Board for Educator Certification (SBEC) as mandated by SBEC internal rules.

PRIVACY STATEMENT:

With few exceptions, you are entitled on your request to be informed about the information The University of Texas at Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information.