



## APPLICATION FOR ADMISSIONS

**Please Select Certification Area(s):**

Core Subjects EC-6  
Core Subjects 4-8  
Mathematics 4-8  
Science 4-8  
Social Studies 4-8  
ELAR 4-8  
Bilingual Supplemental  
ESL Supplemental  
Special Education EC-12  
Special Education Supplemental

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth _____			
Current Mailing Address _____		City _____	State _____	Zip Code _____	County _____
Day Phone _____	Evening Phone _____	Cell _____	E-Mail Address _____		
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other					

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widower

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, please attach written explanation.

Other Name(s), which might appear on previous academic records:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Do you currently possess a valid teaching certificate or license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Certificate: Area: \_\_\_\_\_ Date Issued: \_\_\_\_\_ State: \_\_\_\_\_

Have you been issued an emergency permit? ☐ Yes ☐ No If yes, please indicate:

When \_\_\_\_\_ Where \_\_\_\_\_ Subject \_\_\_\_\_

Have you ever applied for any Educator Preparation Program before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify when, where, and why you did not complete the program.

Have you ever been suspended, dismissed or forcibly withdrawn from an institution for non-academic reasons? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_

Do you have any special needs with which the college might be able to assist you?

Are you a U.S. citizen? ☐ Yes ☐ No

SOCIAL SECURITY # \_\_\_\_\_

**U. S. Citizenship:** If you checked "No" to being a U.S. citizen above, complete this section:

Are you a U.S. Citizen by naturalization ☐ Yes ☐ No If Yes: A# \_\_\_\_\_ Date of Approval \_\_\_\_\_

Are you a resident alien? ☐ Yes ☐ No If Yes: # \_\_\_\_\_ Date of Approval \_\_\_\_\_

If no to either, do you have or will you apply for student (F-1) visa or any other type of temporary non-immigrant visa?

☐ Yes ☐ No Type of Visa \_\_\_\_\_

What is the country of your birth? \_\_\_\_\_ What is the country of your citizenship? \_\_\_\_\_

If international, give date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Country of citizenship (if different from place of birth): \_\_\_\_\_

Do you require a student I-20 A/B through the college? ☐ Yes ☐ No

Can you submit verification of your legal right to work in the U.S. if required? ☐ Yes ☐ No

Native Residency: Which state do you claim as your legal residence? \_\_\_\_\_

How long have you continuously lived in Texas? \_\_\_\_\_ Years \_\_\_\_\_ Months

Are you fluent in English? ☐ Yes ☐ No

Are you fluent in a language other than English? If yes, please specify other language: \_\_\_\_\_

### FINANCIAL AID:

Applying for: (1) Personal Bank Loan? ☐ Yes ☐ No

(2) CAL Loan? ☐ Yes ☐ No

(3) Sallie Mae Loan (Career /Continuing Education Student Loan? ☐ Yes ☐ No

(3) Continuing Education / Career Loan? ☐ Yes ☐ No

(4) VA Benefits? ☐ Yes ☐ No If yes, please check one

☐ Chapter 30 ☐ DOD SkillBridge

☐ Rehab Chapter 31 ☐ Troops to Teachers

Emergency Contact Information: \_\_\_\_\_  
Name Relationship to Applicant

\_\_\_\_\_  
Address, Street and Apt. Number City State Zip County (if outside USA) Phone

**IMPORTANT: Official transcripts must be submitted from all regionally accredited colleges and universities attended with this application.** Transcripts from countries outside the United States must be translated and evaluated by a United States evaluation service.

### (Most Recent First)

Name of Institution	Address, City, & State	Dates Attended From: To:	Major/Degree	Date Awarded

Semester hours completed: \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ GPA of "C" in English? \_\_\_\_\_

Major Studies: \_\_\_\_\_ Minor: \_\_\_\_\_

I submit the following professional recommendation:

Name

Address

Phone

1. \_\_\_\_\_

**SECTION III EMPLOYMENT HISTORY (Most Recent First):**

(1) Job Title \_\_\_\_\_ Hire date: \_\_\_\_\_ End date: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Final base pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(2) Job Title \_\_\_\_\_ Hire date: \_\_\_\_\_ End date: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Final base pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(3) Job Title \_\_\_\_\_ Hire date: \_\_\_\_\_ End date: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Final base pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**TEACHING EXPERIENCE(S)**

Location: \_\_\_\_\_ When: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_ When: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_ When: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_ When: \_\_\_\_\_ Position: \_\_\_\_\_

I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of admission, cancellation of enrollment, or appropriate disciplinary action. I understand that the Alamo Colleges expect a high standard of conduct from its students, and if accepted for admission, I will abide by all rules and regulations of the college as set forth in college publications. I authorize the college to verify the information I have provided. I agree to notify the college Program Manager of any changes in the information submitted.

If my application is not complete, it will delay the ACEPP personnel from reviewing my application and the application will be placed on a waiting list until all documents are received. I also understand that the application fee, and documents submitted to the ACEPP will not be returned.

I hereby affirm that I do not possess a certificate which is currently suspended, revoked, or pending any such citation in any state. Any criminal act preventing me from achieving teacher certification is not the responsibility of the Alamo Colleges Educator Preparation Program (ACEPP).

I understand that I must secure placement as the teacher-of-record in a Texas Education Agency (TEA) accredited school within the subject and grade level I am seeking in order to fulfill internship requirements within the 50 miles radius from the home campus. I understand that acceptance into and completion of the program does not guarantee employment by a school district. I also understand that I must abide by the attendance and refund policy of Alamo Colleges.

I agree to abide by all rules put forth by the state of Texas. Additionally, I agree that if my background check is returned and found with violations, I will not receive recommendation towards a standard certificate\*.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

It is the policy of the Alamo Colleges not to discriminate on the basis of, age, color, handicap or disability, ancestry, national origin, marital status, race, religion, sex, or political affiliation in its activities.

### **Bacterial Meningitis Information**

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast so take utmost caution. It is an inflammation of the membrane that surrounds the brain and spinal cord. The bacteria that cause meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

Additional information will be provided with the admissions application when you register.

### **PLEASE SCAN, FAX or E-MAIL APPLICATION TO:**

#### **Alamo Colleges District**

Alamo Colleges Educator Preparation Program  
2222 N. Alamo St.  
San Antonio, TX 78215  
Email: [dst-acepp@alamo.edu](mailto:dst-acepp@alamo.edu)  
Phone: (210) 485-0042  
Fax: (210) 486-9866

\*19 TAC §227.1 (d) EPPs shall notify, in writing by mail, personal delivery, facsimile, email, or an electronic notification, each applicant to and enrollee in the EPP of the following regardless of whether the applicant or enrollee has been convicted of an offense:

- (1) the potential ineligibility of an individual who has been convicted of an offense for issuance of a certificate on completion of the EPP;
- (2) the current State Board for Educator Certification (SBEC) rules prescribed in §249.16 of this title (relating to Eligibility of Persons with Criminal History for a Certificate under Texas Occupations Code, Chapter 53, and Texas Education Code, Chapter 21); and
- (3) the right to request a criminal history evaluation letter as provided in Chapter 227, Subchapter B, of this title (relating to Preliminary Evaluation of Certification Eligibility).

## TEACHER EDUCATION SELF-EVALUATION

Please complete the two essays below in type format and submit with your application.

Student: \_\_\_\_\_

Area of Study for Teacher Certification Program:

\_\_\_\_\_

1. Describe how you envision yourself as an Intern or Clinical Teacher in the program.

2. I want to be a teacher because:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALAMO COLLEGES**  
***EDUCATOR PREPARATION PROGRAM***

The following information is requested for instructional research and grant writing purposes only. It is not made available in the admissions decision-making process.

GENDER:      ☐ Male      ☐ Female

MARITAL STATUS:      ☐ Single                      ☐ Married

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
City State County

ETHNICITY: ☐ Not Hispanic or Latino  
☐ Hispanic or Latino

RACE :

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hawaiian or Other Pacific Islander

☐ White

☐ Other \_\_\_\_\_

Do you have any limitations, which will need special accommodations? ☐ Yes ☐ No

How did you hear about our program?

☐ Newspaper   ☐ Web site   ☐ Radio   ☐ TV

☐ Direct mail   ☐ Employer   ☐ Alumni

☐ Other: \_\_\_\_\_



## FERPA Consent to Release Educational Records and Information

**This release represents your written consent to permit Alamo Colleges Educator Preparation Program 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, \_\_\_\_\_ [print full name] am a candidate at Alamo Colleges Educator Preparation Program and hereby give my voluntary consent to officials:

A. To disclose the following records:

- Records relating to any of my field-based 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-based 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.**

\_\_\_\_\_ I **agree** to allow the Alamo Colleges Educator Preparation Program to provide my personal contact information (phone number and email address) and qualifications to prospective employers. I understand that my information will only be given out to further my employment opportunities.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Candidate TEA ID Number:

Date of Birth:

Student Contact Information:  
Email:

Phone Number: