TExES Eligibility Form

Students seeking “approval to test” must submit an Eligibility Form to the TExES Office, (MB 3.310 or Fax 458-5794) OR Email form to: cherie.weiss@utsa.edu

*An Eligibility Form must be submitted each time a student requests “approval to test”. This form is required for test re-takes.

Students may register for only one exam per administration.

*Social Security numbers are required for state reporting purposes only. All Eligibility Forms are kept secure and destroyed after each test administration.

Name: ___________________ DOB: ______________ SSN: ___________________

Contact phone #:_______________________ Preferred E-mail: ___________________

*Did you have a degree (Post Baccalaureate student) before entering the Teacher Certification Program? Circle one: YES NO

Indicate the name of the exam you are registering for on the line below.

Name of Exam: _____________________________________________

* Have you taken this exam before? Circle one: YES NO

Eligibility Guidelines must be met before requesting approval to test:

Content Area Exam: taken the Practice exam for my content area and attended a Review, when applicable.

Pedagogy and Professional Responsibilities Exam: taken the PPR Practice exam and attended a PPR Review session.

Professional Certification for Superintendent, Principal, School Counselor, and Reading Specialist: Students are required to take a Practice exam, when applicable. Check with your program Director for review requirements.

Check your current status in the Certification Program:

_____ Field Placement _____ Clinical Teaching _____ Master’s Program _____ Graduated

Check the TEA online system for exam approval status: www.tea.state.tx.us

UTSA will NOT notify students when they have been approved.

*Indicate the date you will complete all UTSA program requirements for the certification you are seeking.

Date of Program Completion: ____________________________________________

Student Affidavit:
I assume all responsibility for accurate state exam registration. I am aware that if ETS discovers that there are problems or errors in my registration that these are my responsibility.

_____________________________________________ ____________________________
Student Signature Date