



Teacher Education Program (TEP) Application For Undergraduate Students

Teacher Education Services
Station 6352
Montevallo, AL 35115
Telephone: 205.665.6352

Name: _____ (_____)

UM Student ID: _____ Social Security # _____
Date of Birth: _____ Sex: _____ Race: _____

DO NOT USE DORM NUMBER

UM P.O. Box OR Street Address: _____ Phone #(s): _____

Advisor: _____

UM E-Mail Address: _____@forum.montevallo.edu

Teaching Field & Certification Level (Check one):

Elementary (K-6)	Secondary (6-12)	P-12
<input type="checkbox"/> Elementary	<input type="checkbox"/> Family & Consumer Sciences	<input type="checkbox"/> Education of the Deaf and Hard of Hearing
<input type="checkbox"/> Elementary/Collaborative (K-6)		<input type="checkbox"/> Music-Choral
<input type="checkbox"/> Early Childhood		<input type="checkbox"/> Music-Instrumental

I understand that a felony conviction may preclude the possibility of gaining Alabama certification even though, in the absence of such knowledge, UM may have recommended certification.

A candidate whose suitability determination precludes admission to a State-approved teacher education program has the right to due process procedures in accordance with Rule 290-3-2-.34

Signature of Applicant

Date of Application

Confidentiality

By signing this I acknowledge that all information regarding students and any other school related information learned during my Field Placements is confidential. As such, I will not disclose it through social media or other communication. If I learn of a situation that may be harmful to any individual, I will immediately report it to the proper parties.

Signed Name

Date

Printed Name