POST BACCALAUREATE CERTIFICATION /DEFICIENCY PLAN APPLICATION

Service Charge $25.00

Name: _____

Social Security # _____

Address: _____ City: _____ Zip : _____

E-MAIL Address _____

Telephone number where you can be reached from 8:00 A.M.. to 5:00 P.M.. _____

Degree(s) awarded _____ from _____ institution(s) Date _____ and other institutions attended _____

1. Are you a United States Citizen? yes ☐ no ☐
2. Do you have a Texas Teaching Certificate as of today? yes ☐ no ☐
   If yes, in what? _____

What **level** are you applying for? **Elementary** ☐ **Secondary** ☐

Check the **area** of specialization:

Elementary

EC-4 (Early Childhood) ☐
Special Education ☐
ESL ☐

4-8 (Middle School) ☐
Special Education ☐
ESL ☐

Secondary

Business Administration ☐

Business Basic ☐ or Composite ☐

Computer Information System ☐

English ☐ History ☐ Math ☐

Other

Educational Diagnostician ☐

I have read the application instruction sheet, answered all the questions above and understand that there is no refund allowed on the plan fee.

Signature: _____ **Date** _____

If you are requesting an initial (first) classroom certificate plan, read and sign below;

I understand that the 2.5 GPA required for an initial (first) classroom certificate deficiency plan is calculated using the last sixty hours of my course work, and there is **NO REFUND** if I submit this application without 2.5 GPA in the last sixty hours and 2.5 GPA in my teaching field (if there are completed courses in teaching field). Use GPA the calculation chart on back if needed.

Signature : _____ **Date:** _____