



Department of Urban Education
 Teacher Education and Certification Programs
 Alternative Certification Program (ACP)

Application Deadlines

Fall Start: August 1
 Spring Start: December 15

Please print or type this application and return it to the Department of Urban Education, C-420.
 Only complete application files will be reviewed. A complete file contains:

- ACP application
- Receipt for \$50 application fee (paid to UHD Cashier's Office)
- Three completed reference forms
- Official transcripts from all colleges and universities attended
- PACT score(s)

Name: _____

Social Security Number: _____ Student ID Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Daytime Phone: _____

Email (the one you check frequently): _____

Desired Certification Area: Select area below. (For secondary, indicate area of specialization.)

____ Core Subjects EC-6 w/ESL Supplemental*

____ Core Subjects 4-8 w/ESL Supplemental*

____ Core Subjects EC-6 w/ Bilingual Supplemental*

____ 7-12 Secondary*

Specialization Area: _____

- | | |
|----------------------------------|---------------------------|
| 1. English/Language Arts/Reading | 5. Physical Sciences 6-12 |
| 2. History | 6. Science |
| 3. Life Sciences | 7. Social Studies |
| 4. Math | |

*Subject to changes from the Texas State Legislature, the Texas State Board of Educator Certification (SBEC), and the Texas Higher Education Coordinating Board (THECB).

Have you passed a PACT Content Exam for the certification area you selected? _____

List all colleges and universities attended: *(Official transcripts are required.)*

List all degrees earned:

Degree Granting Institution	Degree Granted	Date of Graduation

Are you a United States citizen? _____

Do you currently hold, or have you ever held, a teaching certificate? _____ If yes, when and where

Have you ever had a probationary or emergency teaching certificate? _____ If yes, when and where

How many years have you been employed as a teacher in a public school under a permit or probationary certificate? _____

Have you been enrolled in another teacher preparation or alternative certification program? _____

If yes:

Where: _____

Dates enrolled: _____

Date completed program: _____

Certification Area: _____

Why did you not complete this program? _____

Please read carefully. Your signature acknowledges understanding and agreement.

I have answered all the above questions accurately and completely. I understand that there is NO REFUND given for the ACP Processing Fee for any reason, and that if at any time I reapply for ACP, I must pay an additional \$50 application fee.

Signature

Date

For more information contact:
College of Public Service Department of
Urban Education Phone: 713-221-8906
Fax: 713-226-5234

