



TEXAS A&M UNIVERSITY
SAN ANTONIO

TE_xES STATE EXAMS APPROVAL FORM

- An EPP approved practice test must be taken and attached to this form with a passing score of 80% to be eligible to take TE_xES State Exam.
- Must be accepted into EPP or GTCP to be eligible to take the State Exam.
- Complete and submit one form for each attempt at a TE_xES State Exam.
- Once verified student receives an email with registration instructions.

Name of TE_xES State Exam to be taken: _____

Certification Area (on degree plan): _____

Student Information

K/J# _____ Last Name _____ First Name _____

Address: _____ City _____ State _____ Zip _____

SSN: _____ D.O.B.: _____ Phone: _____

E-mail: _____

Current Status (please check one): Field Residency I _____ Field Residency II _____ Clinical Teaching _____

GTCP _____ Graduated _____ Professional (e.g., Principal, Counselor) _____ Other _____

Student Affidavit

House Bill 2205 effective September 15, 2015 states: “A person may not retake an examination more than four times...a person who initially took an examination before September 1, 2015, may retake the examination up to four times after that date, regardless of the number of times that person attempted to perform satisfactorily on the examination before that date.”

IF A STUDENT IS NOT SUCCESSFUL AFTER 1 ATTEMPT AT A STATE EXAM, THE STUDENT WILL SCHEDULE AN APPOINTMENT WITH THE ASSISTANT DEAN OF EPP TO FORMULATE A STUDY PLAN PRIOR TO BEING APPROVED FOR THE SECOND ATTEMPT TO TEST!

- I have fulfilled all of the eligibility requirements for the test for which I am registering. I am aware that I am responsible for any discrepancies or errors that ETS may discover in my registration and any additional fees that may be incurred. I understand and agree to all of the information provided on testing requirements for Certification.

Student Signature

Date

EPP OFFICE ONLY

Date Admitted To Program _____

Test Number of TExES Exam Opened _____

Practice Test Taken/Passed:

Content Area: Date: _____ Grade: _____

PPR EC-12: Date: _____ Grade: _____

Professional Area: Date: _____ Grade: _____

EPP Signature

Date

Program Faculty Signature

Date

TEA Number