

**SOUTH TEXAS COLLEGE
CONTINUING AND PROFESSIONAL EDUCATION**

*Alternative Teacher Certification Program (ATCP)
“Our Teachers Transform the Future”*

- Approved by the State Board for Educator Certification (SBEC) -

APPLICATION FOR ADMISSIONS

Date of application: _____

Please print

Complete name: Last, First, Middle	
Maiden name when applicable	
Social Security Number	
Mailing Address: Street, City, State, Zip Code	
E-mail address	
Home phone number: Area code, number	
Work phone number: Area code, number	
Cell phone number: Area code, number	
Information required for SBEC reporting:	
Date of birth -----	--
Ethnicity -----	--
U.S. citizen: Yes or No -----	--
If No, proof of immigration status -----	--
Specify other teacher preparation programs in which you have participated and dates-----	--
Have you been convicted of a felony? Yes or No-	--
If yes, explain -----	--

Provide names, addresses and phone numbers for 3 personal character references not related to you.	Name: _____ Address: _____ Phone number: _____
	Name: _____ Address: _____ Phone number: _____
	Name: _____ Address: _____ Phone number: _____
Provide the following information for all colleges and universities you have attended.	Institution: _____ Dates Attended: _____ Degree Awarded: _____ Major/Minor: _____
	Institution: _____ Dates Attended: _____ Degree Awarded: _____ Major/Minor: _____
Reviewed by (STC staff): Date:	
Area of Certification (STC staff):	
Accepted or Denied (STC staff):	

DISCLOSURE OF LEGAL HISTORY: School districts will conduct a criminal background check on all prospective employees prior to employment. A criminal record will jeopardize your employment and will terminate your participation in this program.

