

Returning Graduates seeking Test Approval

Name: _____

Date: _____

SID: _____ TEA #: _____
(UTRGV - UTPA - UTB)

Ph. #: _____

Level/Concentration: _____

Email: _____

Completed Clinical Teaching: Yes or No Year Graduated: _____

Testing Information

OFFICE USE ONLY

OFFICE USE ONLY

Exam(s) Attempted:

Exam(s) Pending:

NOTE: Requests are reviewed on a case-to-case basis and will be ready between 3 - 5 business days or depending on the volume of requests received. If you have any questions, please send your inquiry to the Office of Educator Preparation and Accountability at oeпа@utrgv.edu.

Office of Educator Preparation & Accountability

1201 West University Dr.
EEDUC 2.510
Edinburg TX 78539
956-665-7952

One West University Blvd
EEDUC 2.200M
Brownville TX 78520
956-882-4139

OFFICE USE ONLY

Date Processed:

Picked up Emailed

Transcript Attached

Initials: _____