



Teacher Education Program (TEP) Application



Return this form either by email (to delilah.henderson@opsu.edu) or in person (HMH 123) by the Friday prior to Fall Break, or the Friday prior to Spring Break

First Name

Last Name

School ID#

D.O.B. m/d/yr

Certification Information

Elementary AgEd English Music HPE Math

Personal Information

Mailing Address State ZIP

OPSU Email Address Personal Email

Phone # Name of HS Year Graduated (M/Y)

Location of HS: City County State

Recommendation Forms

Please enter the names of the **three** people to whom TEP recommendation forms were given:

Name: Name: Name:

Recommendation Form Link: http://www.opsu.edu/dwn/SCED_Recommendation_Form.pdf

Either print three separate copies addressed with your name and ID number onto the recommendation forms, or send to the people listed above via email. Forms filed via email should be sent to delilah.henderson@gmail.com or printed and brought to HMH 123.

Previous Experience

In the space provided, please list any previous experiences you may have working with children or youth (i.e., Sunday School, summer camp, substitute teaching, etc.)

Signature: _____

Date: _____