

**TEACHING EXCELLENT SCIENCE AND MATHEMATICS:
Institute for New Science Teachers (Grades 6-12)
August 4 - 8, 2008**

Registration Form

Check one:

High School
Science Institute *Middle School*

Name (please print): _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone (____) _____

E-Mail Address: _____

County of Residence: _____

(Please Respond) How did you hear about our institutes? _____
(Please provide name and title of administrator who informed you of this institute, if applicable.)

CURRENT SITUATION:

_____ Student at: _____

_____ Full time teacher at: _____

_____ Other (please specify): _____

EDUCATIONAL BACKGROUND:

Degrees	Institution	Major/Degree	Date
College			
Graduate			

CERTIFICATION:

Please indicate below the teaching certification you currently have (*or expect to receive*) and the date you obtained (*or will obtain*) that certification.

Certification	Date	Certification	Date
Science, K - 12		Alternate Route	
Math, K - 12		Other (please specify)	
K - 8			

PROFESSIONAL BACKGROUND:

Please list in reverse chronological order any teaching positions you have held.

School	Dates		Grade Level/Subjects Taught
	From	To	

Do you have a position for the 2008 - 2009 academic year? Yes _____ No _____

If so, please indicate: **Grade Level** _____

Name of School District: _____

County: _____

School NAME &Address: _____

City _____ State _____ Zip: _____ Phone: (____) _____

Urban _____ Suburban _____ Rural _____

What percentage of students in your school receive free or reduced lunch? _____ %

Is your school certified as a Title I school? (Y/N) _____

(If you are unsure of the responses to the two questions above, please check with your supervisor or principal. We require this information for reporting purposes.)

If teaching Special Education: At what grade level do you target your instruction? _____

In the table below, **please list the SCIENCE COURSES YOU WILL BE TEACHING next year.** (Include grade level.) In the far left column, indicate your first (1) and second (2) choices for in-depth coverage in the institute.

	1.	
	2.	
	3.	
	4.	

Do you use computers in your classroom? _____ If yes, how many and what type of computers are in your classroom?

Do you use calculators in your classroom? _____ If yes, what kind? _____

NEEDS & EXPECTATIONS (Please attach additional pages, if necessary)

What themes/topics/issues would you like to have addressed during the Institute? _____

ACCOMMODATIONS:

The Institute schedule is expected to begin at about 8:00 a.m. and continue until about 8:00/8:30 p.m. each evening except Friday. Participants will be housed (cost included in Institute fee) at a hotel (double-occupancy) near campus, Monday through Thursday. For an additional cost, a limited number of single-occupancy rooms are available on a first-come, first-served basis. *If you would like to request a single room or if you do not require lodging at the hotel, kindly call Kerstin Schnatter at 732-445-0841 prior to July 14, 2008. After July 14th we may not be able to honor any special requests.*

For the purpose of assigning hotel roommates, please circle: I am --- male / female .

METHOD OF PAYMENT: (Cost is \$1,795.00 per participant / \$1,000.00 for “first three days” option. “First three days” not available to math institute participants.)

____ I have enclosed a **personal check**.

____ I have enclosed a **check from my district**.

____ I have enclosed a **copy of the purchase order** (# _____).

If your school district will be paying for the institute, please have your supervisor or principal sign off on this application:

(Signature)

(Name and title)

GRADUATE CREDIT: *You will receive information about graduate credit with your acceptance package. Three graduate credits in education are available in conjunction with the institutes. Tuition is \$640.85 for New Jersey residents and \$891.90 for out-of-state residents. There will be an informational meeting about graduate credit during one evening of the institute week.*

Applicant Signature _____

Fees for this program pay only direct costs of the program. This is a NON-PROFIT Institute.

Please return this registration form and other correspondence to:

**CMSCE-NTI
118 Frelinghuysen Road
SERC Room 221
Piscataway, NJ 08854
ATTN: Kerstin Schnatter**