

**TEACHING EXCELLENT SCIENCE AND MATHEMATICS:
Institutes for New Teachers (Grades 6-12)
August 11 - 15, 2003
Registration Form**

Check one:

Mathematics Institute *High School* *High School*
 Middle School *Middle School* Science Institute

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 on the next page 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 2003 - 2004 academic year? Yes _____ No _____

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

School: _____

(Check all that apply)

Public _____ Private _____

SSI _____ Goals 2000 _____

Name of School District: _____

County: _____

School Address: _____

_____ 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 courses you will be teaching this fall, indicating the title of each course, the grade level(s), and the **textbook to be used**. Indicate in the far left column 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? _____

EXPECTATIONS (Please attach additional pages, if necessary)

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

ACCOMMODATIONS:

The Institute schedule is expected to begin 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 21, 2003. After July 21st we may not be able to honor any special requests.*

METHOD OF PAYMENT: (Cost is \$1,475.00 per participant.)

- _____ 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 approximately \$416.00 for New Jersey residents and \$577.50 for out-of-state residents. There will be an informational meeting about graduate credit during one evening of the institute week.*

Are you (optional): Male Asian Latino Birth Date: _____
 Female Black Native American/Alaskan
 White Pacific Islander

Applicant Signature _____

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

Please return this form and other correspondence to:

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