TEACHING EXCELLENT SCIENCE AND MATHEMATICS:
Institute for New Science Teachers (Grades 6-12)
August 3 - 7, 2009

Registration Form

Check one:       Check one:
___High School    ___ 5-Day Program (8/3 – 8/7)
Science Institute  ___Middle School  3-Day Program ___ (8/3 – 8/5) OR ___ (8/5 – 8/7)

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:

<table>
<thead>
<tr>
<th>Degrees</th>
<th>Institution</th>
<th>Major/Degree</th>
<th>Date</th>
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<tbody>
<tr>
<td>College</td>
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<td>Graduate</td>
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CERTIFICATION:

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

<table>
<thead>
<tr>
<th>Certification</th>
<th>Date</th>
<th>Certification</th>
<th>Date</th>
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<tbody>
<tr>
<td>Science, K - 12</td>
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<td>Alternate Route</td>
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<tr>
<td>Math, K - 12</td>
<td></td>
<td>Other (please specify)</td>
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<tr>
<td>K - 8</td>
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</tbody>
</table>

PROFESSIONAL BACKGROUND:

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

<table>
<thead>
<tr>
<th>School</th>
<th>Dates From</th>
<th>To</th>
<th>Grade Level/Subjects Taught</th>
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Do you have a position for the 2009 - 2010 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.

<table>
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<th>1.</th>
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<td>3.</td>
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<td>4.</td>
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</table>

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 $1,795 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 us at 732-445-4065 prior to July 13, 2009. After July 13th we may not be able to honor any special requests. Lodging can be arranged for 3-day option participants, however the cost is not included in the $1,000.00 fee.

For the purpose of assigning hotel roommates, please circle: I am --- male / female.
METHOD OF PAYMENT: (Cost is $1,650.00 per participant; $1,795 with double-occupancy lodging. Cost is $1,000.00 for one of the 3-day options [no lodging included]. 3-Day Option is 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: Three graduate credits in education are available in conjunction with the institutes. Participants must attend all hours of the week-long program, complete a specific independent project related to the institute, and pay additional tuition. The tuition cost (available in January 2009) is about 1/3 of the normal tuition for a graduate course at Rutgers. 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