TEACHING EXCELLENT SCIENCE AND MATHEMATICS:
Institutes for New Teachers (Grades 6-12)
August 8 - 12, 2005

Registration Form

Check one:

High School
Middle 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:

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Science, K - 12</td>
<td></td>
<td>Alternate Route</td>
<td></td>
</tr>
<tr>
<td>Math, K - 12</td>
<td></td>
<td>Other (please specify)</td>
<td></td>
</tr>
<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>
</tr>
</thead>
<tbody>
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Do you have a position for the 2005 - 2006 academic year? Yes _____ No _____
If so, please indicate: Grade Level ________
(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.
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 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 18, 2005. After July 18th 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 $1,725.00 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 $512.85 for New Jersey residents and $708.80 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