

Returning EPP Graduates seeking Test Approval

Name: _____ **Date:** _____
SID: _____ **TEA#:** _____ **Phone:** _____
Level/Concentration: _____ **Email:** _____
Completed Clinical Teaching: Yes No **Year Graduated:** _____

Testing Information

(For Office Use Only)

Exam(s) Attempted:

Exam(s) Pending:

NOTE: Requests are reviewed on a case-to-case basis and will be ready between 3 – 5 business days or depending on the volume of requests received. If you have any questions, please send your inquiry to the Office of Educator Preparation and Accountability at oeпа@utrgv.edu.

Date Processed: _____ **Picked up** _____ **Emailed** _____
Transcript Attached _____ **Initials:** _____

Office of Educator Preparation & Accountability

Contact Information

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Edinburg, TX 78539
(956) 665-7952

One West University Blvd
BMAIN 2.200M
Brownsville, TX 78520
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