



TAMIU College of Education  
 Office of Student Support  
 Pellegrino Hall 302 E  
 Phone: 956-326-2688

## REPRESENTATIVE EXAM APPLICATION FORM

**Instructions:** Please use this form to request a Representative exam. Individuals meeting eligibility guidelines will be granted test approval. It is the responsibility of each individual to check their email for this approval. EMAIL this completed form along with supporting documents to: [texesprep@tamiu.edu](mailto:texesprep@tamiu.edu)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_ (Maiden) \_\_\_\_\_

Student ID: \_\_\_\_\_ TEA ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dusty email address: \_\_\_\_\_ Other email address : \_\_\_\_\_

Standing:     Undergraduate         ACP/MAT         Master's Degree or Advanced Certification

Certification Area: \_\_\_\_\_  
*Examples: Elementary Ed - Bilingual, Kinesiology, Music, Principal, School Counselor*

Test Title: \_\_\_\_\_  
*Examples: Core Subjects EC-6, PAIL, Physical Education EC-12, etc*

Last block completed (undergrads)     Block 1a (EDCI 3301)     Block 1b (EDCI 3302)     Block 2 (EDCI 3315)

Have you previously taken a Representative exam for this test title?         Yes         No

If yes, please state date and score of latest Rep exam (For EC-6 exam, list the 5 core subject scores)

Date: \_\_\_\_\_ Score: \_\_\_\_\_

If No, indicate your Exam Mode 0 score and date of completion (For EC-6 exam, list the 5 core subject scores)

Date: \_\_\_\_\_ Score: \_\_\_\_\_

**Have you previously taken a State TExES examination for this title?**         Yes         No

If yes, please state date and score of latest TExES exam (For EC-6 exam, list the 5 core subject scores)

Date: \_\_\_\_\_ Score: \_\_\_\_\_

- I understand that I may take only one Representative exam per test date.
- I understand that I must score a 260 and 80% or higher per domain to be considered passing.
- I understand that the TExES Prep Office will verify my eligibility for this exam.
- I agree that if any information submitted through this form is proven to be false, my Representative exam reservation will be canceled. Other penalties may apply.

Candidate signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing or typing my name above, I verify the information I provided is true and correct to the best of my knowledge*

TAMIU Use Only

Candidate's EPP admission date: \_\_\_\_\_ Date of Rep Exam Approval: \_\_\_\_\_