

NOTE: THIS IS A PV2 DEFICIENCY PLAN REQUEST DATE: _____

**Texas A&M University-Commerce Center for Educator Certification and Academic Services
PV 2 Deficiency Plan Request Form**

Directions: Please fill out this form completely. Include \$50 fee (check or money order made out to A&M-Commerce, all transcripts (can be unofficial transcripts), and mail it to the address at the bottom.

Name: _____

Address _____ City _____ State _____ Zip _____

SS#: _____ - _____ - _____ Phone: _____ Fax: _____ Campus _____

Wide ID# (CWID) _____ E-mail address: _____ Ethnicity: _____

_____ - Gender: ___ Male, ___ Female -Date of Birth: ____ / ____ / ____ Degree: Type _____

_____ School _____ Date _____

Please check () the one certification that you desire to pursue:

Early Childhood – 4th Grade

- EC-4 Generalist
- EC-4 Bilingual Generalist

4th Grade – 8th Grade

- 4-8 English language Arts & Reading
- 4-8 Mathematics
- 4-8 Science
- 4-8 Social Studies
- 4-8 Combination English Language Arts & Reading/
Social Studies
- 4-8 Combination Math/Science
- 4-8 Generalist (English Language Arts & Reading,
Mathematics, Science, and Social Studies)
- 4-8 Bilingual Generalist (English language Arts &
Reading, Mathematics, Science, and Social Studies)

6th Grade – 12th Grade

- 6-12 Basic Education
- 6-12 Spanish
- 6-12 Technology Education

Supplemental

- ESL
- Bilingual

8th Grade – 12th Grade

- 8-12 Computer Science
- 8-12 Journalism
- 8-12 Speech
- 8-12 English Language Arts & Reading
- 8-12 Social Studies
- 8-12 History
- 8-12 Mathematics
- 8-12 Science
- 8-12 Chemistry
- 8-12 Physical Science
- 8-12 Life Science
- 8-12 Technology Applications

All Level (Early Childhood – 12th Grade)

- All Level Special Education*
- All Level Art
- All Level Theatre
- All Level Music
- All Level Health
- All Level Physical Education
- All Level Technology Applications

Other: _____

Statement of understanding: I understand that I must pass the appropriate content area ExCET/TEXES or take at least 6 hours from the deficiency plan that I receive during the current academic year. If not, I will not be eligible for a renewal of my deficiency plan/emergency permit.

Signature: _____ **Date:** _____

Mail to: Texas A&M-Commerce, Certification Office, PO Box 3011, Commerce, TX 75429-3011 Phone (903) 886-5182 - Fax (903) 886-5156 - Ed North 204 - <http://www7.tamu-commerce.edu/teacher-cert/>