TAMIU College of Education
Office of Student Support
Pellegrino Hall 313
Phone: 956-326-2688

REPRESENTATIVE EXAM REQUEST 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

Date you are requesting to test: (Reminder: Friday Dates are only in-person testing) _____

Name: (Last): _____ (First): _____ (MI): __ (Maiden): _____

Student ID: _____ TEA ID: _____Phone Number: _____

Dusty email address: _____Other email address :_____

Admission into COED (month/year): _____

Are you working towards a (check one):

◯ Undergraduate (Teacher Certification) ◯ Master's Degree or Advanced Certification

Certification Area: _____

Examples: Elementary Ed, Kinesiology, Music, Principal, School Counselor

Test Title:_____

Examples: Core Subjects EC-6, PAIL, Physical Education EC-12, etc

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: _____

Other than completing your Study Plan Tracker and the Exam Analysis, what additional steps have you taken to improve your REP Exam 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 understand that if I do not submit registrations forms, on time, I will not be registered until the next available date.
- 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.
- I understand that online testing is for graduate students who live out of town.
- I understand that I must report to testing site on time or I will need be register for different date to test.

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