2023 Mitchell Institute Physics Enhancement Program Application

Date: __________________________

Name: _________________________________________________________________

School and District: _______________________________________________________

__________________________________________________________________________

Region _________ Education Service Center

How did you hear about MIPEP?

__________________________________________________________________________

Teaching Assignment: please circle all that apply (must include at least one section of physics for the 2023-2024 school year):

5    6    7    8    Bio    Chem    Physics    Pre-AP/AP Physics
          Principles of Technology    Advanced/Honors Physics

Please indicate the number of years that you have been teaching physics (including the upcoming 2023-2024 school year):

1____  2____  3____  4____  5____  6+____

Please indicate the number of years that you have been teaching (including the upcoming 2023-2024 school year):

1-3 years_____ 4-6 years_____ 7-10 years_____ 10+ years_____
Please indicate your number of college **physics credit hours**:

0 3 6 9 12 15+

Please list your current teaching certification(s):

Please list your university(s), major(s), and college degree(s) obtained:

In the space below, or on a separate page, please write a brief summary about why you are interested in attending MIPEP:

I agree to participate in the 2023 Physics Enhancement Program at Texas A&M University's Mitchell Institute. I understand that my commitment will include:

- Full participation in all program activities, June 11-24, 2023.
- Providing classroom data as requested, should a physics assessment be developed for students
- Sharing favorite physics classroom activities and/or resources with other participating teachers
- Written commitment from myself and my administrator to teach at least one section of high school physics during the 2023-2024 school year.
This letter serves as a commitment from the participating teacher and his/her principal to fulfill the requirements of the program as listed above.

______________________________________________
Teacher’s signature

______________________________________________
Principal’s signature

Contact Information

Name: ____________________________________________

Home Address: ______________________________________

________________________________________________

Phone: ____________________________________________

Preferred E-mail address: ____________________________

School address: ____________________________________

________________________________________________

School phone: _____________________________________

School e-mail address: ______________________________

Please email completed application to:

Dr. Mary Jane Head
Email: mhead@lcisd.org
Phone: 281-682-1123

Amanda Barreiro
Email: amanda@physics.tamu.edu
Phone: 979-458-9249