2024 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 2024-2025 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 2024-2025 school year):

1_____ 2_____ 3_____ 4_____ 5_____ 6+_____ 

Please indicate the number of years that you have been teaching (including the upcoming 2024-2025 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 2024 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 9-22, 2024.
- 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 2024-2025 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 Date

________________________________________________ ____________________
Principal’s signature Date

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  Amanda Barreiro
Email: mhead@lcisd.org Email: amanda@physics.tamu.edu
Phone: 281-682-1123 Phone: 979-458-9249