



TEXAS A&M UNIVERSITY

Mitchell Institute

2026 Mitchell Institute Physics Enhancement Program Application

Date: _____

Name: _____

School: _____

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 2026-2027 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 2026-2027 school year):

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

Please indicate the number of years that you have been teaching (including the upcoming 2026-2027 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 2026 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 7- 20, 2026.
- 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 2026-2027 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 both:

Dr. Mary Jane Head
Email: mhead@lcisd.org
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Amanda Kabella
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