

# TEXAS A&M UNIVERSITY-TEXARKANA

## Faculty Reference Form

*EC-4 Faculty*  
*4-8 Teaching Field Faculty*  
*8-12 Teaching Field Faculty*

Students must present Faculty Reference Form to a fulltime faculty member from their certification level as stated above. Faculty member will return the completed form to the Teacher Certification Office.

**To be completed by student:**

Student's Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Undergraduate Degree Plan?   
Graduate Deficiency Plan?

Faculty Member's Name: \_\_\_\_\_

Teaching Field: \_\_\_\_\_

Courses completed with faculty member noted above: \_\_\_\_\_  
\_\_\_\_\_

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**The following to be completed by faculty member:**

*I hereby give the following reference for the student names above:*

*Positive*       *Positive with qualifications noted below*  
 *Negative – Explanation noted below*

*Comments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please return completed form to the Teacher Certification Office, Rm. 235N.)