Departmental Verification Form for CTE-ELP instruction

Students must bring this completed form to their initial Intake Assessment.

Student Name: ______________________________________________________________

Student UIN: ______________________________________________________________

Supervisor’s Name (Print): ____________________________________________________

Supervisor’s Signature: ______________________________________________________

This is to verify that the student listed above meets the following criteria for priority service with the CTE-ELP program:

☐ The student is presently conditionally English Language Certified at proficiency level 2

☐ The student is currently serving as a Teaching Assistant in

________________________________________________ (department)

I understand and will notify the above-named student to register with the CTE-ELP program for an initial Intake Assessment by the 2nd week of the semester at http://cte.tamu.edu/Graduate-Student-Support/English-Language-Proficiency.

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