

New Jersey Institute of Technology
PROFESSIONAL DEVELOPMENT PARTICIPANT APPLICATION FORM
RESEARCH EXPERIENCE FOR TEACHERS (RET)
June 28 to August 5, 2010

Last name: _____ First name: _____ Middle initial: ____

Soc. Sec. #: _____ Gender (Check one) ___Female ___Male

Age Range: ___ 20-30 ___ 31-40 ___ 41-50 ___ 51+

U.S. Citizen _____ Permanent Resident _____ Not U.S. Citizen _____

Home Address

_____ Street _____ City _____ State _____ Zip _____

Home Phone: () _____ E-mail _____

School Name _____ Principal's Name _____

School Address

_____ Street _____ City _____ State _____ Zip _____

School Phone () _____ School Fax () _____

How many years total (including part-time) have you taught? _____

Degrees Earned:

<u>College/University</u>	<u>Major Field of Study</u>	<u>Degree Earned</u>	<u>Year of Degree</u>
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What is your field(s) of certification? _____

Subject Matter/Grade Level that You Teach:

<u>The Current Year</u>	<u>Grade Level</u>	<u>Possibly in the Future</u>	<u>Grade Level</u>
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Do you have web access? ___ Yes ___ No

Would the Internet be a convenient mechanism for communication among participants and with the faculty and program staff? ___ Yes ___ No

On the back of this page (or a separate page), please respond to the following questions (no more than one paragraph per question):

1. Why do you want to participate in the RET program?
2. How do you see these topics fitting into your curriculum?