

TECTA Orientation Enrollment Form

Center of Excellence for Learning Sciences • Tennessee State University

Select **ONE** (1) TECTA Orientation you would like to attend for the **Fall -1 2025** semester:

92233 Administrator - Tennessee State University, Section 01H, Davidson
92231 Center Based (R) - Avon Williams Campus - TSU Section 01, Davidson
92230 Infant/Toddler - Community Day School, Section 01, Cheatham
92238 Infant/Toddler - Tennessee State University, Section 02H, Davidson
92232 School-Age Online - Tennessee State University, Section 01, Davidson

Please complete this form and email it to: tectaorientation@tnstate.edu

If you have not received a response within 48 hours, you may reach us to verify that your form has been received by calling (615) 277-1666.

Failure to complete all information on this form will result in your application not being processed.

Name: Last	First			Middle			
Social Security	Gender	Male	Fema	ale			
E-mail		Date of	Birth				
Citizenship:	United States	Other 1	Ethnicity:	Hispa	anic	Non-Hispanic	
	/Pacific Islande or more races	r Black Native A White	merican Iı	ndian/Alaska	a Native	Other	
Home Address							
City			State	Zip			
			Phone		Mobile Phone		
Emergency Cor	ntact Person		Ph	one			
Your Place of E	Employment			County	of Employmen	t	
Work Address							
)		
Name of Director:				Phone		_ Fax	
Director's E-ma	ail						
Agency Type:	Y Type: Center Dept. of Education Group Home High School				Authorized		
responsibility to participate in a p I will not receive	let the TECTA or rofessional manner credit for that m	office know if I choose er. If at any time my bel	e to not att havior is in ch Orientati	end the class appropriate, to ion is designed	s. I further ackn the trainer has th	ning. I understand that it is my owledge that I am willing to the right to ask me to leave and age group and I am enrolling	
Signature			Date				
NOTICE: If yo	u have changed	your name and/or add ange of Information Fo	ress since	you last enro	olled in a TECT		