Rice University
Precollege Science Education Programs

2003-2004 Programs Application

http://www.bioc.rice.edu/precollege/

Please complete form and send to: Applications Coordinator
Rice University
Fax: (713) 661-6174
7550 Seuss Drive
Phone: (713) 349-1800 x346
Houston, TX 77025

Application Deadline: March 28, 2003

☐ GALVESTON BAY PROJECT FOR TEACHERS
K-8 Teachers, Summer dates: July 7-25

☐ SCIENCE AND MATHEMATICS INSTITUTE
Elementary Teachers, Summer dates: July 7-25

☐ ELEMENTARY PHYSICS AND CHEMISTRY
Cycle 2001, 3-5 Teachers, Summer dates: June 2-6

☐ FORCE AND MOTION INSTITUTE
Summer dates: July 7-18, HISD Middle School Science & Math Teachers

☐ MICRO TO MACRO
Summer dates: June 16-27, Middle School Science & Math Teachers

☐ TEACHER INSTITUTE FOR THE ADVANCEMENT OF
SPACE SCIENCE EDUCATION—High School Science Teachers, Applicants must call 713.349-1800 x343 to request a specific application for this program.

First Name _______________________    Last Name _______________________ MI_______

Home Address___________________________________________________________________
City_____________________________, Texas Zip______________

Home Phone (_____)_______________________ Email_____________________________

School Name _____________________________ School District_____________________

Subject(s)/Grade(s) you are currently teaching __________________________________________

Principal’s Name ______________________________     Years teaching (incl. this year) ________

Areas in which you are certified ______________________________________________________

Have you participated in any of the following? ☐ HISD/HU-LINC Lead Teacher Training
☐ Rice U. School Mathematics Project ☐ Baylor SSTM Lab
☐ Any of the following: Galveston Bay Project, Equitable Classroom Practices Institute, Science & Mathematics Institute, Force and Motion, Micro to Macro

List any team member(s) from your school OR write “none” __________________________________

How did you find out about this program? ☐ Received information in the mail
☐ Colleague ☐ Principal/Administrator ☐ Other (please identify)____________________________

Signature ____________________________     Date _________/_______/________

For office use only:
Receipt date __________