



Science and Math Institutes for Teacher Education (SMITE)

**2013 Study of Kinematics and Dynamics
The University of West Georgia**

To apply, please complete this form and return to:

Dr. Bob Powell
Physics Department
The University of West Georgia
Carrollton, GA 30118
bpowell@westga.edu
Fax: 678-839-4088

NAME _____
FIRST MI LAST

E-MAIL _____

SCHOOL NAME _____ PHONE _____

SCHOOL ADDRESS _____
NUMBER AND STREET CITY, STATE, AND ZIP CODE

HOME ADDRESS _____
NUMBER AND STREET CITY, STATE, AND ZIP CODE

HOME PHONE _____

Math teacher _____ Science Teacher _____ GRADE(S) _____

YEARS TEACHING _____ DEGREE(s) _____
TYPE, YEAR, AND INSTITUTION

LIST others from your school who will be applying:

Math teachers: _____

Science teachers: _____

DO YOU WANT PLU credit? _____

Explain on the back of this page why you want to take this professional development:

If selected as a participant, I will complete the academic year and summer workshops.

Yes _____ No _____

Signature _____ Date _____