

Application to Join the Texas Electronic Coalition for Physics

_____ Affiliate Member _____ Full Member

Name of Institution: _____

Name of Department: _____

Department phone and fax numbers: _____

Department Head or other responsible person: _____

Proposed TECP Coordinator: _____

Coordinator's phone and fax numbers: _____

Coordinator's email: _____

Approximate number of students who will participate in the TECP annually: _____

Approximate number of faculty who will participate in the TECP: _____

What TTVN site(s) do you expect to use to access TECP courses and meetings (there must be at least one)

Please give a brief description of why your department wants to join the TECP, and what you expect to get out of joining:

I understand that in joining the Texas Electronic Coalition for Physics my institution will agree to the terms outlined in the TECP [Bylaws](#) and sign a [Memorandum of Agreement](#). I have read and understand the terms outlined in these documents.

Name

Date

Please fill out and return to:

Dr. Daniel Marble

Chair, Texas Electronic Coalition for Physics

Dept. Math, Physics and Engineering

Box T-470

Tarleton State University

Stephenville, TX 76402

You can also send by fax (254-968-9534) or email (marble@tarleton.edu).