



College of Education

STUDENT TEACHING APPLICATION

Please Check One:

Student Teaching _____ Practicum _____ Internship _____

NAME: _____

CERTIFICATION (area): _____

DEPARTMENT: _____

CLASSIFICATION: _____

STUDENT TEACHING SEMESTER: Fall _____ Spring _____ Year 20____

CUM GPA: _____ (2.75 minimum)

PRAXIS II Scores: (test #/score)

I acknowledge the accuracy and validity of this application submitted to the Office of Teacher Education. The above named applicant has met all prerequisites for student teaching or will meet them upon completion of current courses.

Advisor: _____ Date: _____

* Attach Program of Study with grades listed and a transcript.

*****Important Note***** Completed applications received after published deadlines will be deferred to the following semester. Candidates may not apply for admission to professional education program and student teaching in the same semester.

Do you have family or relatives who are currently working for any school or district?

No Yes

If yes, list their names, titles, school site and district

If you are seeking special accommodations under ADA please attach A Reasonable Accommodation Request Form (Available from The Office of Disabled Student Services)

Verified Disabilities: No Yes

Have you ever been dismissed from an observation, field placement, internship, or student teaching? No Yes

If yes, explain:

Have you ever been convicted of a misdemeanor or felony?

No Yes

If yes, explain:

**ATTACH A RECENT PHOTOGRAPH
(2" X 3")**

**APPLICATION FOR STUDENT TEACHING
BIOGRAPHICAL & TEACHER EDUCATION CLASSIFICATION DATA**

STUDENT TEACHING SEMESTER: Fall _____ Spring _____ Semester: 20____

NAME: _____ **SS#** _____

EMAIL ADDRESS: _____

LOCAL ADDRESS (Students who receive mail at TSU box, please include TSU box #):

PHONE: () _____ **CELL:** () _____

CITY	STATE	ZIP CODE
-------------	--------------	-----------------

HOME ADDRESS (Fall candidates include up-to-date SUMMER ADDRESS):

PHONE: () _____ **CELL:** () _____

CITY	STATE	ZIP CODE
-------------	--------------	-----------------

PLACE OF BIRTH: _____ **DATE OF BIRTH:** ____/____/____

HIGH SCHOOL GRADUATED FROM/ PLACE AND DATE

IN CASE OF EMERGENCY: _____

ADDRESS: _____ **PHONE#** _____

CERTIFICATION AREA AND LEVEL: _____

MAJOR: _____ **CUM GPA:** _____

ANTICIPATED DATE OF GRADUATION: _____
MONTH AND YEAR

CERTIFICATION OF LIABILITY INSURANCE AND TB SKIN TEST

1. Attach proof of liability insurance (Liability Insurance may be acquired through STEA Membership. See Ms. Debra Jackson, Curriculum Lab Director, 212 Clay Hall or register online <http://www.teateachers.org/>) **Note: STEA membership runs from September 1 - August 31. Fall student teachers will need to make sure membership is current for student teaching experience by renewing September 1st.*

2. Attach proof of a T B Skin Test within the last three (3) months. **Complete 3 months prior to student teaching** *Fall student teaching candidates will need to complete by August 1st. Spring student teaching candidates will need to complete by December 1st.*

(For office use only)

 Attached each of the following with application:

- Advisor's Recommendation (**signature on application**)
- Disposition Assessment Form (**Completed by Methods Instructor**)
- Copy of Unofficial Transcript(s) (**cumulative GPA of 2.75 or higher**)
- Program of Study/Transcript Evaluation with grades listed (including advisors signature)
- Passing test scores on **all** parts of Praxis II
- Recent 2x2 photograph
- Proof of liability insurance
- Proof of TB Skin test (within the last three months)
- Updated background check if currently not enrolled

DATE APPLICATION SUBMITTED: _____

RECEIVED BY: _____