

Student Teaching Application Information Sheet

Please contact our office (231-7101) if any information (address, phone, etc.) changes.

You MUST print this form and return to the School of Education Office.

Name: _____

Student ID #: _____

Local Address: _____

Permanent Address: _____
(or summer address if teaching in fall semester)

Local Phone: _____ Permanent(or Summer) Phone: _____

Major: _____ Teaching Minor: _____

Which semester do you plan to student teach?

Fall _____ Spring _____ Year _____

Check here if you desire K-12 Certification (PE and Music only): _____

Will you have completed all of the course requirements in your Major prior to student teaching?

Yes _____ No _____

If no, which course will not be completed? _____

Do you have any disabilities or special needs that you wish to discuss with the Director of Field Experiences? Yes _____ No _____

What is your current grade point average? _____
(Attach a current transcript.)

What is your current GPA in your teaching specialty? _____
(Attach a curriculum guide with grades indicated in the middle column)

What is your current GPA in the professional education courses? _____
(Indicate grades in the right column on the attached curriculum guide)

Please check which type of liability insurance you possess. SNDEA _____ Other _____

If other, please specify: _____

I understand that I will not be placed if I have not met the requirements of the undergraduate catalog in which program I am enrolled. I also understand that my academic record, progress in student teaching, and relevant information will be shared with authorized personnel who have legitimate educational interest.

I also understand that the North Dakota Education Standards Practices Board requires that student teachers have a FBI fingerprint/background check before they can obtain licensure. If I have ever been convicted of a misdemeanor or felony (other than a minor traffic offense), I might not be eligible for teacher licensure even if I successfully complete this program.

Your signature affirms that the information you provided is accurate and that you have read and understand the above statements.

_____/_____
(Student Signature) (Date)

_____/_____
(Advisor's Signature) (Date)

_____/_____
(Director of Field Experience's Signature) (Date)

DO NOT WRITE BELOW THIS LINE

Date admitted to the School of Education: _____

Has the student successfully completed the education sequence? _____

Name of student teacher's cooperating/supervising teacher(s): _____

Name and location of the student teaching assignment: _____

Date: _____

(Signature, Director of Field Experience)

Comments: