SECONDARY
ELIGIBILITY REPORT FOR STUDENT TEACHING

Name_____
(Last) (First) (Maiden)

WSU ID#_____ is applying for student teaching for

the _____ term, _____.

Undergraduate & Post Bachelor
Secondary Prerequisites

Course	Done	Expected Date of Completion
TED 5l60		
TED 5650		
Methods I		
Methods II		
EDP 5480		
RLL 4431		
Methods Minor		

Master of Arts in Teaching (MAT)
Secondary Prerequisites

Course	Done	Expected Date of Completion
TED 5160		
TED 5650		
Methods I		
Methods II		
EDP 6210/5480		
RLL 6121		
Methods Minor		

Prerequisites:Music Students (only)

	Done	Expected Date of Completion
MED 4510 Methods I		
MED 4530 Methods II		
MED 3500 (Foundations)		
MED 4560 (Practicum)		

Michigan Test for Teacher Certification: Please indicate the date test(s) were taken or the date you plan to take test(s).

Major Subject Area Test Taken: Date_____

Minor Subject Area Test Taken: Date_____

Please attach a copy of current TB Test results to this form.

Student's Signature:_____ Date:_____