

APPLICATION FOR STUDENT TEACHING

FALL

WINTER

SUMMER

Please Print or Type

Name Last _____ First _____ Middle _____ Maiden _____

Address _____
Number & Street _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ SSN: _____

Major _____ Minor(s) _____

Pre-Student Teaching Experience-School _____ District _____ Grade Level/Subject _____

Optional Information: Date of Birth _____ Sex _____ Race _____

PLACEMENT REQUESTED:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Early Elementary (K-3) | <input type="checkbox"/> Secondary | <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Later Elementary (4-6) | <input type="checkbox"/> Nursery School | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Speech Pathology |
| <input type="checkbox"/> Middle School (7-9) | <input type="checkbox"/> Music Education | <input type="checkbox"/> Art Education | <input type="checkbox"/> Bilingual |

PREFERRED GEOGRAPHICAL AREA, DISTRICT/SCHOOL _____ PREFERRED GRADE _____

- TIME: A.M.
 P.M.
 FULL DAY

OFFICE USE ONLY _____ College Supervisor: _____

District: _____ School: _____ Supervising Teacher: _____