## Eastern University Loeb School of Education <u>Graduate</u> Application for Student Teaching

## **Personal Information:**

Name:	Student ID#:
Permanent Home Address:	
Anticipated Address While Student Tead	
Home Phone:	
Email Address:	
	Present GPA:
Expected Date of Certification:	
Expected Date of Graduation:	Date(s) of Praxis 2:
Are you planning to student tead of yes, the position must be student tead.  Three placement preferences*:	ch through current employment? oe full time in your certification area.
Are you planning to student teach of yes, the position must be student teach of the position and the placement preferences.  Three placement preferences:  Please note that placement at your placement placement at your placement plac	ch through current employment? be full time in your certification area.
Are you planning to student teach of yes, the position must be student teach of the position and the placement preferences.  Three placement preferences:  Please note that placement at your placement placement at your placement plac	ch through current employment? De full time in your certification area.  Perferred school is <u>NOT</u> guaranteed and you ma
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understand the terms of the prerequisites:	
All courses required for graduation must be com teaching semester. An audit must be completed	·
Praxis I scores and tests must be passed and filed required Praxis II exams must be passed prior to	
All clearances must be filed by the given deadlin understand that any charge/s that appear/s on the and/or certification process for an undetermined	he clearances may delay the placement
This form must be filed two traditional semesters Teaching.	s prior to the start date of your Student
PREREQUISITE AC	GREEMENT
Signature:	Date:
**Important: Let the School of Education know o or above), area of certification, address, e	
2. 3.	_
capabilities. It is a courtesy to ask permission of  1	·
College References:  Please list three professors from this university v	vhom you feel know you and your
section above. *Travel time must be within approximately <u>60 me</u> assigned supervisor. Eastern University will participating school on your behalf. *You will be responsible for providing your own	inutes of the St. Davids' campus or the ll arrange your placement with a
*If you have a specific teacher's name in mind, fe	el free to include that in the request
Grade Level/Subject Area	
School District School	
THIRD REQUEST	

## **PLACEMENT AGREEMENT**

I agree to accept the placement Eastern University feels is best for me. If I ask for a change, then I understand that the change may mean waiting until the next semester before I can begin my placement.

I understand the terms of this placement:

Signature:	Date:
	DUCATION DEPARTMENT/REGISTRAR TO ID CLEARANCES TO THE SCHOOL DISTRICT TO
NAME:	
SOCIAL SECURITY NUMBER:	
SIGNATURE:	DATE:

Revised 09-12