

Eastern University -- Loeb School of Education
Undergraduate Application for Student Teaching

Personal Information:

Name: _____ Student ID#: _____

Permanent Home Address: _____

Anticipated Address While Student Teaching:

Home Phone: _____ Cell Phone: _____

Email Address: _____

Expected Date of Student Teaching: _____ Present GPA: _____

Expected Date of Certification: _____ Date(s) of PAPA: _____

Expected Date of Graduation: _____ Date(s) of Praxis 2: _____

Area(s) of Certification (please be specific and include all areas):

:: Note: You will not be enrolled in any other courses during the student teaching semester(s).

Three placement preferences*:

*Please note that placement at your preferred school is **NOT** guaranteed and you may **NOT** student teach where a family member is employed or is attending as a student.*

FIRST REQUEST

School District _____ City _____

School _____

Grade Level/Subject Area _____

SECOND REQUEST

School District _____ City _____

School _____

Grade Level/Subject Area _____

(cont'd on next page)

THIRD REQUEST

School District _____ City _____

School _____

Grade Level/Subject Area _____

**If you have a specific teacher in mind, feel free to include his/her name in the request section above.*

**Travel time must be within approximately 60 minutes of the St. Davids' campus or the assigned supervisor. Eastern University will arrange your placement with a participating school on your behalf.*

**You will be responsible for providing your own transportation.*

College References:

Please list three professors from this university whom you feel know you and your capabilities. It is a courtesy to ask permission of the professor before submitting the name:

1. _____

2. _____

3. _____

****Important: Let the School of Education know of any changes in GPA (must maintain 3.0 or above), area of certification, address, etc. to keep your files updated.****

Signature: _____

Date: _____

PREREQUISITE AGREEMENT

This form must be filed two traditional semesters prior to the start date of your Student Teaching.

All clearances must be filed by the given deadlines as a part of the placement process. I understand that any charge/s that appear/s on the clearances may delay the placement and/or certification process for an undetermined amount of time.

PAPA scores and tests must be passed and filed at the time of application. All required Praxis II exams must be passed prior to certification.

All courses required for graduation must be completed prior to the start of the student teaching semester. An audit must be completed by advisor.

I understand the terms of the prerequisites:

Signature: _____ **Date:** _____

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:** _____

*****I GIVE MY PERMISSION TO THE EDUCATION DEPARTMENT/REGISTRAR TO SEND AN OFFICIAL TRANSCRIPT AND CLEARANCES TO THE SCHOOL DISTRICT TO REQUEST A FIELD PLACEMENT:**

NAME: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____ **DATE:** _____

Revised 09/12