1. Student No. _____ Date Submitted: _____

This Application DUE 1 YEAR IN ADVANCE Room 607 Allen Hall

Application for Student Teaching
(PLEASE PRINT CLEARLY)

Content PRAXIS Scores Due 1 Semester in Advance Of Student Teaching

2. Name: _____
   Last First Middle Maiden
3. Local Address_____
   Street/Box # City State Zip Telephone
4. Home Address_____
   Street/Box # City State Zip Telephone

5. Indicate Semester/Year: _____ Fall _____ Spring 6. Anticipated Graduation Date _____

_____ Undergraduate student _____ Graduate Student

7. **CERTIFICATION AREA(S) Check all certifications you are seeking:**

_____ Elementary (K-6)
_____ Early Education (PKK)
_____ Science (5-9)
_____ Math (5-9)
_____ Social Studies (5-9)
_____ Language Arts (5-9)
_____ Spanish (5-9)
_____ French (5-9)

_____ General Science (5-Adult)
_____ Social Studies (5-Adult)
_____ Math (5-Adult)
_____ English (5-Adult)
_____ Spanish (5-Adult)
_____ French (5-Adult)
_____ Physics (9-Adult)
_____ Chemistry (9-Adult)
_____ Biology (9-Adult)

_____ Physical Ed/Health(PKK-Adult)
_____ Music (K-Adult)
_____ Art (K-Adult)
_____ Agriculture (5-Adult)

Other: _____
_____

8. Number of Dependents (other than self) _____ 9. High School Attended: _____

10. Mix E-Mail Address: **(please print clearly)** _____

11. Will you have the use of a car during student teaching? Yes _____ No _____

12. In the space below, please explain any **concerns** or share any additional information you wish us to be aware of as we arrange your student teaching placement(s). Please include any relatives teaching in local schools (Monongalia, Marion, Harrison Counties) in your grade level and/or subject area in which you are being certified.

13. **<u>When you sign this application, you indicate your acceptance and understanding of the following conditions.</u>**
    PLEASE READ THEM.
    a) I will adjust my schedule, if necessary, to complete prerequisites for student teaching **prior** to the semester of my assignment. I will not enroll in any other coursework during my student teaching.
    b) I will promptly notify the Office of Field Experiences (607 Allen Hall) in writing of any changes in my plans for student teaching (Sylvia.Berryhill@mail.wvu.edu).
    c) I will assume responsibility for promptly notifying the Office of Field Experiences of any changes in my local or home address and telephone number.
    d) I will accept and follow the daily schedule and vacation calendar of the assigned school.
    e) I will assume responsibility for my own housing and **transportation** during student teaching, whether assigned to the Morgantown area or some other area.
    f) I will present proof of a negative TB test within the last two years prior to entering the schools for student teaching.
    g) I will complete all necessary clearances (student teaching permit, etc.) prior to student teaching.
    h) I will submit the course completion form along with this application at least one full semester before student teaching.
    i) All students must pass the Praxis II content test(s) and scores received in the Advising Office (710 Allen Hall) a minimum of <u>one semester in advance of</u> student teaching. Scores received after that will be considered for the following semester.

_____ _____
Applicant's Signature Date Advisor's Signature Date

Student Number _____

Student Teaching Eligibility Information
(PLEASE PRINT CLEARLY)

Name _____
Last First Middle Maiden

Local Address_____
Street/Box # City State Zip Telephone

Home Address_____
Street/Box # City State Zip Telephone

Semester Preferred: Indicate Semester/Year: _____ Fall _____ Spring

Mix E-Mail Address: **(please print clearly)** _____

15. _____ Undergraduate student _____ Graduate Student

CERTIFICATION AREA(S) Check all certifications you are seeking:

_____ Elementary (K-6)
_____ Early Education (PKK)
_____ Science (5-9)
_____ Math (5-9)
_____ Social Studies (5-9)
_____ Language Arts (5-9)
_____ Spanish (5-9)
_____ French (5-9)

_____ General Science (5-Adult)
_____ Social Studies (5-Adult)
_____ Math (5-Adult)
_____ English (5-Adult)
_____ Spanish (5-Adult)
_____ French (5-Adult)
_____ Physics (9-Adult)
_____ Chemistry (9-Adult)
_____ Biology (9-Adult)

_____ Phys. Ed/Health (PKK-Adult)
_____ Music (K-Adult)
_____ Art (K-Adult)
_____ Agriculture (5-Adult)

Other: _____
_____

16. List all colleges/universities attended:

_____

_____

17. If you are an <u>undergraduate,</u> please attach a photocopy of transcripts for any private or out of state institution attended.

18. Advisor's Name _____ Advisor's Campus Address (P. O. Box) _____ Phone # _____

19. List any college courses you have repeated: _____

20. List any courses in which you currently have a grade of Incomplete. _____

21. List any courses for which your grade was modified.* _____

22. Have you substituted another course for a course required in your certification program? _____ Yes _____ No
If you answered yes, attach a memo from your advisor or department authorizing this substitution.

23. Please include latest copies of test results with this application:
_____ PPST _____ Praxis Subject Area Test(s)

24. Was the PPST requirement waived based on your ACT or SAT score? _____ Yes _____ No

* If you are advised outside of 710 Allen Hall (Advising Office), you must provide written documentation of any grade changes to 710 Allen Hall to insure eligibility to student teach.

Applications are accepted <u>only</u> in 607 Allen Hall.

STUDENT _____ Student ID #_____
ADVISOR_____

COURSE COMPLETION FORM FOR STUDENT TEACHING (CEHS Students)

(A curriculum summary sheet may be attached to the student teaching application in lieu of this form, as long as it contains the advisor's signature and the same information)

This form or its equivalent must be attached to the application for student teaching.

EDUCATION CORE COURSES COMPLETED	GRADE	YEAR

CONTENT AREA COURSES COMPLETED	GRADE	YEAR

REQUIRED COURSES	COURSE SUBSTITUTION	GRADE	YEAR

REQUIRED COURSES	INDEPENDENT STUDY	GRADE	YEAR

COURSES NOT TAKEN		PLAN FOR SEMESTER/YEAR

PRAXIS TESTS	DATE PASSED

ADVISOR'S SIGNATURE _____
EMAIL_____ TELEPHONE _____
DATE_____

STUDENT'S SIGNATURE _____
EMAIL_____ TELEPHONE_____
DATE_____