

Spring 2010 STUDENT TEACHING APPLICATION

NAME: _____ E#: _____
(Last) (First) (Middle) (See I.D. badge for E number)

ADDRESS: _____ PHONE: _____
(STREET, CITY, STATE & ZIP CODE)

E-MAIL ADDRESS _____

LICENSURE (CHECK APPROPRIATE BOX (ES) ___ UNDERGRAD ___ GRAD

___ PRE K-3 EARLY CHILDHOOD

___ K-6

___ 7-12 W/Major in: _____

___ K-12 AREA OF: _____

___ SPECIAL EDUCATION ___ MODIFIED ___ COMPREHENSIVE ___ EARLY CHILDHOOD

ADDITIONAL LICENSURE IN THE FOLLOWING AREA(S): _____

SELECT 3 PLACEMENTS IN ORDER OF PREFERENCE

___ CARTER COUNTY/ELIZABETHTON

___ GREENE CO/GREENEVILLE

___ HAWKINS COUNTY/ROGERSVILLE

___ JOHNSON COUNTY

___ SULLIVAN COUNTY/BRISTOL/KINGSPORT

___ UNICOI COUNTY

___ WASHINGTON COUNTY/JOHNSON CITY/UNIVERSITY SCHOOL

EDUCATIONAL BACKGROUND

H.S. GRADUATED FROM: _____

COLLEGES/UNIVERSITIES ATTENDED: _____

FIELD EXPERIENCES –(If necessary, attach additional pages)

COURSE	SEMESTER	SITE	TYPE OF SETTING

NOTE: VARIETY OF FIELD EXPERIENCE REQUIRED PRIOR TO STUDENT TEACHING

**DEPARTMENT CERTIFICATION
OF READINESS FOR STUDENT TEACHING**

__ I hereby certify that this applicant has/will have completed the courses prerequisite to student teaching. (All methods and content courses must be completed prior to student teaching.)

__ I certify that, to the best of my knowledge, the applicant possesses good physical and mental health and is proficient in the use of English.

__ I certify that, the applicant has/will have met, unconditionally, the standards for admission to teacher education.

__ I certify that the applicant has/will have met the requirements of ETSU and the Tennessee Licensing Standards of the area(s) of endorsement for which this application is being made.

__ I have reviewed and signed the applicant's Program Sheet

Signature _____ **Date:** _____

Departmental Advisor (This is only required for Secondary Education
Licensure students pursuing English, Math, Science, etc.)

Signature _____ **Date:** _____

College of Education Faculty Advisor (Required of all students)

Note to advisors: If you have a specific recommendation to make regarding the placement of this Applicant (school, system, or teacher) please attach it to this application.

STUDENT RELEASE STATEMENT

I give permission for the release of this application to public school personnel who may be asked to consider accepting me as a student teacher. To the best of my knowledge, the information contained in this application is true and accurate. If at any time the information given on this application changes, I will notify the Student Teaching Office.

Signature: _____ **Date:** _____

I UNDERSTAND THAT I MUST PASS ALL REQUIRED PRAXIS II EXAMS BEFORE STUDENT TEACHING. NO LATE STUDENT TEACHING PLACEMENTS WILL BE MADE.

Signature: _____ **Date:** _____

APPLICATION DEADLINE IS SEPTEMBER 10, 2009