

EDUC 242
Pre-Student Teaching Clinical I
Application for a Pre-Student Teaching Assignment

All Applications MUST include copies of CURRENT Act 34, 151, 24, 114 clearances, TB Test, and Liability Insurance

Major _____ @ _____
Banner Number _____

Last Name _____ First Name _____ M.I. _____ (_____) _____
Home Phone # _____

Home Address _____ City _____ State _____ Zip _____

Campus Address _____ Campus Phone _____ E-Mail Address _____

School District from which you graduated: _____

School District(s) were you have been or are currently employed: _____

School District(s) were you have any relatives employed or children enrolled: _____

Admission to Step One Date: _____

School District Requested: _____

Name/Building of School Requesting: _____

County: _____ Town/City: _____

Specify a grade level for an elementary choice or grade and subject for a secondary choice:

Elementary: Grade level (Circle One) Primary / Intermediate

Secondary: Grade level (Circle One) Jr. High / Sr. High Subject Area _____

Name of the cooperating teacher you would like to work with (if known) _____

I plan to complete this Pre-Student Teaching experience during: (Check One)

FALL	_____ Fall Semester	SPRING	_____ Spring Semester
	_____ Semester Break		_____ Spring Break
			_____ End of Spring Semester
			<i>(Prior to the Last 2 full weeks of the calendar year for the district)</i>

Students Signature _____ Date _____

Instructor's Signature _____ Date _____

It will be the student's responsibility to check with their instructor for approval or rejection of the requested assignment. Students should NOT contact schools or teachers for placements. DO NOT request the school district from which you graduated. Instructors may have suggestions for teachers to observe.