

**EDUC 342**  
**Pre-Student Teaching Clinical II**  
**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 No.

\_\_\_\_\_ ( ) \_\_\_\_\_  
Last Name First Name M.I. Home Phone #

\_\_\_\_\_ City State Zip  
Home Address

\_\_\_\_\_ Campus Phone E-Mail Address  
Campus 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: \_\_\_\_\_

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Admission to Step I Date: \_\_\_\_\_ EDUC 242 School Placement: \_\_\_\_\_

School District Requested: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name/Building of School Requesting: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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	SPRING
_____ Fall Semester	_____ 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>

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Students Signature Date

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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.**