Indiana University of Pennsylvania

Department of Music • Indiana, PA • 15705

PERMISSION FORM for OTHER IUP ACTIVITIES WHILE STUDENT TEACHING
(IUP Courses, IUP Ensembles, IUP Music Rehearsals/Performances)

POLICY STATEMENT. The student teacher's expected experiences are outlined in the Student Teaching Handbook: "All student teachers should have, in addition to their class schedules, other supervised experiences…" (p.21). For music placements, this often includes before and after school rehearsals as well as evening and weekend performances. This policy is further clarified in the Ethical Obligations section of the handbook: "The student teacher is on time, even early, for all commitments and remains in school until all school obligations are met" (p.29). In order to conform with these policies, student teachers are therefore not permitted to enroll in other IUP courses or to play in IUP music ensembles, rehearsals, and performances. If it is necessary to obtain an exception to this policy, please complete the form below.

Name_____ Banner #_____

Address_____ Date_____

Major_____ GPA_____ Semester Student Teaching_____

Number & Title of Course_____

Dates/Time_____ Credits_____

Music Rehearsals/Performances_____

Dates/Time_____ Hours involved_____

Where will you be student teaching?_____

How many miles from the student teaching site will you travel to the class/rehearsal/performance?_____

Give specific reasons why it is necessary to be in this course/ensemble/rehearsal/performance while student teaching. (If necessary, please use the reverse side of this form.)

If you are given permission for this request, you must meet ALL of the requirements of student teaching including no early dismissals for attending IUP classes/rehearsals/performances. Absences from student teaching will be closely monitored. Non-compliance of this position will result in withdrawal from the IUP course/rehearsals/performances. Please sign below indicating that you have read the above policy statement and agree with the conditions of this request.

_____ _____
Signature of Student Date

Please check one:

☐Approve. ☐Disapprove._____ _____
Signature of Academic Advisor Date

☐Approve. ☐Disapprove._____ _____
Signature of Cooperating Teacher Date

☐Approve. ☐Disapprove._____ _____
Signature of University Supervisor Date

PLEASE RETURN COMPLETED FORM TO: Teacher Education Office, 104 Stouffer Hall