



DEPARTMENT OF TEACHER EDUCATION

EARLY CHILDHOOD EDUCATION CURRICULUM A

Application Form for Enrollment
in Supervised Student Teaching
EDUC 0402-I, EDUC 0402-II, EDUC 0402-III and EDUC 0419

ALL INFORMATION MUST BE TYPED
HANDWRITTEN COPIES WILL NOT BE ACCEPTED

NAME		ID No.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE		AREA OF STUDY (MINOR)	

Deadline dates to apply for student teaching:

**All Fall Semester Student Teaching: Applications Due By October 1, of the Preceding Year
(Approximately One Year Prior)**

**All Spring Semester Student Teaching: Applications Due By February 1, of the Preceding Year
(Approximately One Year Prior)**

Note: Applications received after the deadline must receive the Dean's approval, and if accepted, will be subject to a \$10 late fee.

Completed applications should be returned to:

Harris-Stowe State University
Teacher Education Department
3026 Laclede Avenue, Room 207
St. Louis, MO 63103

It is imperative that all prospective student teachers schedule an appointment session with the Advisement Office after submitting a completed application to determine if any deficiencies exist.

You must have a passing score on the appropriate PRAXIS II Examination in order for Harris-Stowe State University to request a teaching certificate. This score must be sent directly to HSSU (R6269) from the Educational Testing Service (ETS).

Revised August 2010



DEPARTMENT OF TEACHER EDUCATION

To: Prospective Student Teachers

From: Coordinator, Student Teaching

Re: Student Teaching Application Form

The attached Student Teaching Application Form is to be used to request permission to enroll in Supervised Student Teaching during the forthcoming semester and will assist the Student Teaching Office in processing your application.

You MUST make an appointment with your advisor in order to verify your eligibility to begin your student teaching experience.

The University reserves the right to select schools that will provide an optimum opportunity for the student teaching experience.

If you have any questions regarding the completion of your Student Teaching Application or if you need assistance, please feel free to contact the Coordinator of Clinical and Field Experiences at (314) 340-3661.

DATE			
PROSPECTIVE STUDENT TEACHER			SOC. SECURITY No.
ADDRESS	CITY	STATE	ZIP CODE
PHONE			
MAJOR		AREA OF STUDY (MINOR)	



DEPARTMENT OF TEACHER EDUCATION

STUDENT TEACHING BACKGROUND STATEMENT

Personal Background and Professional Goals

Please state, in two or three paragraphs, important information about your background and experiences (such as schools attended, special activities, honors received, interests, hobbies, and employment).

In two or three additional paragraphs, indicate your reasons for choosing teaching as a career and your professional goals.

NAME	SIGNATURE
MAJOR AND MINOR	STUDENT TEACHING SEMESTER

HARRIS-STOWE



STATE UNIVERSITY

DEPARTMENT OF TEACHER EDUCATION

STUDENT TEACHING APPLICATION FORM

In compliance with the data outlined in the memorandum, I hereby request permission to enroll in Supervised Student Teaching for the _____ Semester.

(Spring/Fall & Year)

Signature



DEPARTMENT OF TEACHER EDUCATION

I authorize the Teacher Education Department to procure my Harris-Stowe State University transcript in my file.

I understand that my transcript, criminal background record, child abuse record, and student teaching background statement will be mailed to area school districts from which my student teaching placement will be requested. Those districts will, in all probability, share my transcript and background statement with my Cooperating Principals and Cooperating Teachers with whom I will be placed.

NAME	SIGNATURE
SOC. SECURITY No.	DATE
STUDENT TEACHING SEMESTER	