HARRIS-STOWE STATE UNIVERSITY

TEACHER EDUCATION DEPARTMENT

SECONDARY EDUCATION CURRICULUM D

APPLICATION FORM FOR ENROLLMENT IN SUPERVISED STUDENT TEACHING
EDUC 0402-I, EDUC 0402-II, EDUC 0402-III & EDUC 0419

ALL INFORMATION MUST BE TYPED
HANDWRITTEN COPIES WILL NOT BE ACCEPTED

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STUDENT ID NUMBER

ADDRESS    CITY  STATE  ZIP CODE

TELEPHONE ( ) AREA OF STUDY (MINOR)

DEADLINE DATES TO APPLY FOR STUDENT TEACHING:

All deadline dates posted in the University Bulletin will be strictly enforced. Consult your current University Bulletin for dates concerning your proposed student teaching timeline.

Note: Applications received after the published deadline dates will be subject to a $10 late fee. Late applications will only be accepted at the discretion of the Dean of Teacher Education.

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 interview session with the Office of Advisement after submitting a completed application.

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 July 2009
To: Prospective Student Teachers

From: Coordinator, Clinical & Field Experiences

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 adviser 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

__/__/___________

LAST NAME FIRST NAME M.I.

SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE (          ) CELL PHONE (          )

MAJOR MINOR (AREA OF STUDY)
STUDENT TEACHING BACKGROUND STATEMENT

PERSONAL BACKGROUND AND PROFESSIONAL GOALS

Please state, in two or three paragraphs, important information about your background 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.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>SIGNATURE</th>
<th>STUDENT TEACHING SEMESTER</th>
</tr>
</thead>
</table>

MAJOR | MINOR

3026 LACLEDE AVENUE  •  ST. LOUIS, MISSOURI 63103  •  (314) 340-3661/340-3691  •  FAX: (314) 340-3690
STUDENT TEACHING APPLICATION FORM

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

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE

<table>
<thead>
<tr>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_________</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

SOCIAL SECURITY NUMBER

STUDENT TEACHING SEMESTER