**APPLICATION FOR STUDENT TEACHING**

**Name:** Click or tap here to enter text. **ID #:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Advisor:** Click or tap here to enter text.

**When do you plan to student teach?** Click or tap here to enter text.

**Post-Bac:** [ ]  **Yes** [ ]  **No**

**Licensure Area:** Click or tap here to enter text.

**List your choices in order of preference.**

 **School District: 1.** Click or tap here to enter text.

 **2.** Click or tap here to enter text.

 **3.** Click or tap here to enter text.

 **Building Name: 1.** Click or tap here to enter text.

 **2.** Click or tap here to enter text.

 **3.** Click or tap here to enter text.

 **Grade/Subject: 1.** Click or tap here to enter text.

 **2.** Click or tap here to enter text.

 **3.** Click or tap here to enter text.

**Do you have relatives attending or working in the school or school district of your choice(s)?**

[ ]  **Yes** [ ]  **No If yes, please explain:** Click or tap here to enter text.

**Previous Field Experience:**

|  |  |  |
| --- | --- | --- |
| **Level** | **District/Building Name** | **Cooperating Teacher** |
| **Pre-professional** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Methods** | Click or tap here to enter text. | Click or tap here to enter text. |