

(Do Not Staple)

**Governors State University**  
**Secondary Education**  
**Student Teaching Application**

*for*

Semester:

Year:

Subject Area:

**I. Background Information:**

Name:	Date:
Current Telephone Number:	Student ID#
Current Address:	
City, State, and Zip:	
Governors State University email Address:	

**II. Educational Courses and Professional Training:**

Name of School, City and State Located	Dates of Attendance	Degree Earned	Major Subject Area	Semester Hours in Education Courses

**High school where I attended:**

I grant permission for transcripts and a copy of this application to be forwarded to any school(s) requiring them to consider me for placement as a student teacher.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**III. Recent Employment Experience:**

Place of Employment	Dates of Employment	Position or Title

**IV. Special Skills or Talents:** (Skills and knowledge that will help you in the classroom, ex. you play a musical instrument, are a science buff, coached a soccer team, etc. List any special skills you may have.)

**V. Personal Statement:** (Why do you want to become a teacher?)

**VI. Student Teaching Request:**

List the semester and year you plan to student teach:

Semester	Year

In order of preference, list grade level/subject field in which you would like to student teach:

1<sup>st</sup> preference:

2<sup>nd</sup> preference:

3<sup>rd</sup> preference:

In which subject area(s) are you qualified?


**VII. Student Request For School District Placement:**

If accepted for student teaching I would prefer placement in one of the following school districts; I understand that if none of these districts is appropriate, the director will use her discretion in selecting a placement. I also understand that I may not choose the school I attended, where my child is attending, or where I have been employed during the last year.

→ **High school or middle school where I attended:**

→ **High school or middle school where my child is attending:**

→ **High school or middle school where I have been employed during the last year:**

Please select three different districts.

School Preference	School District Name	District #

→ **For our records, please indicate where you did your microteaching:**

**VIII. Gateway Check:**

- Copy of TAP or ACT with writing results is attached to this application
- Copy of Background check results is attached to this application
- Copy of Content Area Test results is attached
- Core Content GPA Calculation is attached to this application
- General Education GPA Calculation is attached to this application
- Professional Education Course GPA Calculation is attached to this application
- Copy of GSU transcripts is attached to this application
- Copy of Updated study plan is attached to this application
- Resume and letter of introduction are attached to this application

List any course work outstanding (including incomplete courses) and expected completion dates:


- By the time I student teach, I will have all of my coursework completed.
- I understand that I am strongly discouraged from being employed while student teaching. Should employment interfere with my student teaching requirements, I will be required to either terminate my employment or my student teaching assignment.
- I understand that state mandate prohibits my being financially compensated for work performed in a school district in which I am currently student teaching.
- I understand that Fall applications must be submitted to my advisor by **December 1<sup>st</sup>** and Spring applications must be submitted by **March 1<sup>st</sup>**.
- I understand that I must provide official proof that I have passed the Content Exam by **February 1<sup>st</sup>** for Fall student teaching and **September 1<sup>st</sup>** for Spring student teaching.
- I understand that my proof of 100 observation hours must be submitted to the Director of Student Teaching upon completion.
- I understand that I will be notified about my application through my GSU email. I will check my GSU account email weekly.

By signing below, I acknowledge that I have assessed my readiness for student teaching and satisfied the conditions of this application to the best of my abilities. I am also aware that I can be removed from the placement process if all conditions for student teaching have not been met prior to the commencement of student teaching.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Date

**IX. Program Approval:** (This application must be approved and the student recommended by SESPC.)

Recommended. This candidate has met or is expected to meet the prerequisites for a student teaching placement pending compliance with university policies, procedures, and requirements. The candidate must be in compliance one semester before the placement is to begin or a placement will not be made.

Not recommended at this time. This candidate has not met the prerequisites for a student teaching placement. Hold until further notice. Release date:

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SESPC Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Field Experience Signature

\_\_\_\_\_  
Date

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