



Student Teaching Application

Education department

See the student teaching webpage for application submission deadlines. Placement cannot be guaranteed for applications received after the deadline.

____ EDUC 425 – Undergraduate Student Teaching
____ EDUC 698 – Graduate Student Teaching

Student Teaching Semester: _____

Name: _____
Last First M.I. Date

E-mail: _____@cougars.ccis.edu Advisor: _____

Mailing Address: _____
PO/Street/Apt # City State Zip Code

Home phone: (____) _____ Cell phone: (____) _____

Student ID#: _____ I have my own transportation: ____ Yes ____ No

I am preparing to be certified in:

____ Elementary Music K-12
____ Special Educ. K-12 Middle School - Content area: _____
____ Art K-12 Secondary - Content area: _____

I have the following special needs/requests: _____

My 1st choice for placement – School: _____ Teacher: _____ Grade/Subject: _____
My 2nd choice for placement– School: _____ Teacher: _____ Grade/Subject: _____

Self-Placement:

I would like to self-place. Here is the school I'm requesting and my reason for self-placing: _____

*(If self-placement is approved you will need to submit a signed **Self-Placement form no later than one week before** the start of the student teaching course.)*

Special requests must be noted above or a placement in a partnership school will be arranged for you. Late changes will not be accepted.

I can provide proof of personal liability Insurance: ____ Yes ____ No **STUDENT MUST CHECK YES OR NO**
(Membership in Student MSTA or NEA will provide personal liability insurance.)

I verify that all information is accurate and I will notify the Education Department immediately if I decide not to enroll in this student teaching course:

Signature _____ **STUDENT SIGNATURE REQUIRED**