



# 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  Early Childhood  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 1<sup>st</sup> choice for placement – School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_  
My 2<sup>nd</sup> 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